

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90001 040 \*\*\*158.75

**DOCUMENT # 657454**

1. Entity Name  
**FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORAT**

Principal Place of Business 450 SOUTH COUNTRY RD 427 LONGWOOD FL 32750 US	Mailing Address 450 SOUTH COUNTRY RD 427 LONGWOOD FL 32750 US
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049211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>255 Primera Blvd</i>	3. Mailing Address <i>255 Primera Blvd</i>
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Suite, Apt. #, etc. <i>Suite 230</i>	Suite, Apt. #, etc. <i>Suite 230</i>
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City & State <i>Lake Mary, FL</i>	City & State <i>Lake Mary, FL</i>
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4. FEI Number <b>59-1982991</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <i>32746</i>	Country <i>USA</i>	Zip <i>32746</i>	Country <i>USA</i>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WIGINTON, DONALD**  
**450 SOUTH COUNTRY RD 427**  
**LONGWOOD FL 32750**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LEWIS, JIM D</b> <b>15521 W 110TH ST</b> <b>LENEXA, KANSAS 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLIVER, RICHARD</b> <b>501 FEHELEY DR</b> <b>KING OF PRUSSIA PA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WIGINTON, DONALD</b> <b>450 SOUTH COUNTRY RD 427</b> <b>LONGWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LIVINGSTON, J.</b> <b>5150 LAWRENCE PLACE</b> <b>HYATTSVILLE MD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOULANGER, JIM</b> <b>2004-A 48TH AVE., CT. E</b> <b>TACONA WA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Wiginton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-5-01* (407) 565-3200  
 Date Daytime Phone #

CR2E034 (10/00)