

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657454

1. Entity Name

FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORAT

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

05-16-2001 90001 040 ***158.75

Principal Place of Business

Mailing Address

450 SOUTH COUNTRY RD 427
LONGWOOD FL 32750
US

450 SOUTH COUNTRY RD 427
LONGWOOD FL 32750
US

049211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 Primera Blvd

3. Mailing Address

255 Primera Blvd

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number 59-1982991

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME LEWIS, JIM D
STREET ADDRESS 15521 W 110TH ST
CITY-ST-ZIP LENEXA, KANSAS 00000



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE D
NAME OLIVER, RICHARD
STREET ADDRESS 501 FEHELEY DR
CITY-ST-ZIP KING OF PRUSSIA PA



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE T
NAME WIGINTON, DONALD
STREET ADDRESS 450 SOUTH COUNTRY RD 427
CITY-ST-ZIP LONGWOOD FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DP
NAME LIVINGSTON, J.
STREET ADDRESS 5150 LAWRENCE PLACE
CITY-ST-ZIP HYATTSVILLE MD



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE D
NAME BOULANGER, JIM
STREET ADDRESS 2004-A 48TH AVE., CT. E
CITY-ST-ZIP TACONA WA



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01 (407)565-3200

Date

Daytime Phone #

CR2E034 (10/00)