2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # 685756 1. Entity Name 04-17-2002 90047 026 ***158.75 COMMERCIAL FIRE AND COMMUNICATIONS, INC. Principal Place of Business Mailing Address 6510-B 125TH AVE N P O BOX 1370 P.O. BOX 1370 P.O. BOX 1370 LARGO FL 33773 LARGO FL 33779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2021844 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dickinson, Robert C. III DICKINSON, ROBERT D III Street Address (P.O. Box Number is Not Acceptable) 33920 U.S. 19 NORTH SUITE 20 1230 S. Myrtle Ave., Suite 101 PALM HARBOR FL 34684 City Zip Code 33756 Clearwater, FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition ☐ Delete TITLE NAME WOOTEN, GREGORY NAME STREET ADDRESS 6520 125TH AVENUE NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LARGO, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WOOTEN, TIMOTHY L NAME STREET ADDRESS 6520 125TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VD NAME WOOTEN, TIMOTHY L. NAME STREET ADDRESS 6520 125TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNING OFFICER OR DIRECTOR

President

G.H. Wooten

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.

4-5-02

Date

727 530-4521

Daytime Phone #

FILED