

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90080 049 ***158.75

DOCUMENT # 685756

1. Entity Name
COMMERCIAL FIRE AND COMMUNICATIONS, INC.



Principal Place of Business
6510-B 125TH AVE N
P.O. BOX 1370
LARGO FL 33773
US

Mailing Address
P O BOX 1370
P.O. BOX 1370
LARGO FL 33779
US

2. Principal Place of Business

3. Mailing Address
P.O. Box 1350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Largo, FL

Zip

Country

Zip

Country

33779

US

4. FEI Number 59-2021844

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKINSON, ROBERT D III
1230 S. MYRTLE AVE., STE 101
CLEARWATER FL 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOTEN, GREGORY	
STREET ADDRESS	6520 125TH AVENUE NORTH	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WOOTEN, TIMOTHY L.	
STREET ADDRESS	6520 125TH AVENUE NORTH	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOTEN, TIMOTHY L.	
STREET ADDRESS	6520 125TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

G.H. Wooten

4-7-03

727 530-4521

Date

Daytime Phone #

CR2E034 (10/02)