

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90835 004 ***150.00

DOCUMENT # 841751

1. Entity Name

CENTRAL SPRINKLER COMPANY

Principal Place of Business

Mailing Address

**451 N. CANNON AVE.
LANSDALE PA 19446**

**451 N. CANNON AVE.
LANSDALE PA 19446**

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431-0938 USA

4. FEI Number **23-1940157**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MEYER, GEORGE G.	
STREET ADDRESS	451 N CANNON AVE	
CITY-ST-ZIP	LANSDALE PA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CEMINI, JENNIFER	
STREET ADDRESS	451 N. CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	BRIDELL, TAL	
STREET ADDRESS	451 N. CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SABOL, ALBERT T.	
STREET ADDRESS	451 N. CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	BARTON, MATT	
STREET ADDRESS	451 N. CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MEYER, STEPHEN	
STREET ADDRESS	451 N. CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA 19446	

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDonough, Stephen P.	
STREET ADDRESS	Three Tyco Park	
CITY-ST-ZIP	Exeter-NH-03833	
TITLE	VP/Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doherty, Bernard	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter, NH 03833	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Michael Anthony	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gutin, Irving	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter-NH-03833	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mattfolk, Jeffrey	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevenson, Scott	
STREET ADDRESS	One Town Center Rd.	
CITY-ST-ZIP	Boca Raton, FL 33486	

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

Scott Stevenson VP/Asst. Treas.

Date

Daytime Phone #

4/24/01

(561) 988-6376

CR2E034 (10/00)