

# 2001 UNIFORM BUSINESS REPORT (UBR)

0585017

DOCUMENT # F00000001631

1. Entity Name

VULCAN FIRE SYSTEMS, INC.

FILED

01 APR 24 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3330 GILMORE INDUSTRIAL BLVD  
LOUISVILLE KY 40213

3330 GILMORE INDUSTRIAL BLVD  
LOUISVILLE KY 40213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 61-1057957

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

POTTLITZER, JAY  
1063 N.W. 6TH AVE.  
BOYNTON BEACH FL 33426

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

c/o CT Corporation System

1200 South Pine Island Road

City Plantation

FL

Zip Code 33324

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 *Cornelia Byrnes*

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

(NOTE: Registered Agent signature required when reinstating)

4-24-01

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 ☐ Delete  
NAME PITTLITZER, ROGER  
STREET ADDRESS 3330 GILMORE INDUSTRIAL BLVD  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME CANTWELL, J. MICHAEL  
STREET ADDRESS 3330 GILMORE INDUSTRIAL BLVD  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ Change ☐ Addition  
NAME 400004163734  
STREET ADDRESS -05/08/01--01146--017  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE S ☐ Delete  
NAME POTTLITZER, SHERRY  
STREET ADDRESS 3330 GILMORE INDUSTRIAL BLVD  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Sherry Pottlitzer* Secretary / Treasurer 4/19/01 502 968-7714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)