

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90048 046 \*\*\*150.00

0055469 AV

**DOCUMENT # F76845**

1. Entity Name

**PRESTIGE FIRE SPRINKLER, INC.**

Principal Place of Business

**3155 GATEWAY LANE  
 CANTONMENT FL 32533  
 US**

Mailing Address

**PO BOX 7189  
 PENSACOLA FL 32534  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2212771**

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

**RILEY, JIMMY PATRICK  
 5233 CRYSTAL CREEK DRIVE  
 PACE FL 32574**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3908 Plantation Cove Court**

City  
**Milton**

FL Zip Code  
**32583**

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, 2002 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 **PD** ☐ Delete  
 NAME **RILEY, JIMMY P.**  
 STREET ADDRESS **5233 CRYSTAL CREEK DRIVE**  
 CITY-ST-ZIP **PACE FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3908 Plantation Cove Court**  
 CITY-ST-ZIP **Milton FL 32583**

TITLE **VD** ☐ Delete  
 NAME **PASSAUR, JOHN G.**  
 STREET ADDRESS **9777 QUAIL HOLLOW COURT**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **ST** ☐ Delete  
 NAME **PASSAUR, JOHN G.**  
 STREET ADDRESS **9777 QUAIL HOLLOW COURT**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **V** ☐ Delete  
 NAME **EVANS, LORENZO**  
 STREET ADDRESS **2485 W BELMONT STREET**  
 CITY-ST-ZIP **PENSACOLA FL**

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:

**SIGNATURE REQUIRED**

**JIMMY P. RILEY**

**02/14/02**

**850 476-7404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)