FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 04, 2002 8:00 am Secretary of State F94000005578 DOCUMENT # 09-04-2002 90091 005 \*\*\*550 00 JONES AUTOMATIC SPRINKLER, INC. Principal Place of Business Mailing Address 426 SOUTHER FIELD ROAD P.O. BOX 588 BU135746 SOUTHER FIEL RD AMERICUS GA 31709 AMERICUS GA 31709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2018818 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 12 TITLE TITLE - Detete LEDBETTER, ROBERT K NAME 426 SOUTHER FIELD ROAD STREET ADDRESS STREET ADDRESS **AMERICUS GA 31709** CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition LEDBETTER, STEVEN R NAME **426 SOUTHER FIELD ROAD** STREET ADDRESS STREET ADDRESS **AMERICUS GA 31709** CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BEARDEN, RICKY L NAME NAME **426 SOUTHER FIELD ROAD** STREET ADDRESS STREET ADDRESS **AMERICUS GA 31709** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition BRACKETT, ROBERT L NAME NAME **426 SOUTHER FIELD ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AMERICUS GA 31709** CITY-ST-ZIP TITLE Detete TITLE: ☐ Change Addition LEDBETTER, ROBERT J NAME 426 SOUTHER FIELD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AMERICUS GA 31709 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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