

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003601

1. Entity Name

MCDANIEL FIRE SYSTEMS, INC.

Principal Place of Business

Mailing Address

PO BOX 70
VALPARAISO IN 46383

PO BOX 70
VALPARAISO IN 46384-0070

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

35-1005016

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

C T CORPORATION SYSTEM
1200 SOUTH 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

Rebecca Brown

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) ☐ N/A ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	GRIEGER, GENE A	
STREET ADDRESS	281 DURNES CT	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHENCK, R R	
STREET ADDRESS	1652 SHERWOOD	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SLONT, ALVIN C	
STREET ADDRESS	1014 N MERIDIAN	
CITY-ST-ZIP	CHESTERTON IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEHNER, GERALD E	
STREET ADDRESS	4 NORTHVIEW	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, CHARLES E	
STREET ADDRESS	4305 CAMPBELL	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	BORNS, PATRICK T	
STREET ADDRESS	832 TANNER	
CITY-ST-ZIP	VALPARAISO IN	

TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA L. BROWN	
STREET ADDRESS	P.O. BOX 70	
CITY-ST-ZIP	VALPARAISO, IN 46383	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rebecca Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00
Date

(219) 462-0571
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90029 009 ***550.00