

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
 05-24-2001 90500 045 ***550.00

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 46383

00000000

2. Principal Place of Business

1055 W JOLIET RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALPARAISO IN

City & State

Zip

46385

Country

PORTER

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

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

(NOT: 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	ST	<input type="checkbox"/> Delete
NAME	BROWN, REBECCA L	
STREET ADDRESS	P.O. BOX 70	
CITY-ST-ZIP	VALPARAISO IN 46383	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHENCK, R R	
STREET ADDRESS	1652 SHERWOOD	
CITY-ST-ZIP	VALPARAISO IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEHNER, GERALD E	
STREET ADDRESS	4 NORTHVIEW	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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

Rebecca Brown, Sec./Treas.

5/11/01

219-462-0571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)