

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001615**

1. Entity Name

ELITE FIRE PROTECTION, INC.**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90024 022 ***150.00

Principal Place of Business

Mailing Address

**2857 S. MCKENZIE ST
FOLEY AL 36535****2857 S. MCKENZIE ST
FOLEY AL 36535-3413**

2. Principal Place of Business

3. Mailing Address

2857 S. McKenzie St**2857 S. McKenzie St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1370628

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

**CRAWFORD, JAMES W. JR.
14505 INNERARITY POINT RD
PENSACOLA FL 32507**

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.

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	NUGENT, D. SCOTT	2857 S. MCKENZIE ST	FOLEY AL 36535	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

VC	HINES, CHARLES S	2857 S. MCKENZIE ST	FOLEY AL 36535	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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V	NUGENT, JANAI A	2857 S. MCKENZIE ST	FOLEY AL 36535	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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S	HINES, RHONDA	2857 S. MCKENZIE ST	FOLEY AL 36535	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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T	HINTON, LILA	2857 S. MCKENZIE ST	FOLEY AL 36535	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/2000 334-970-3473

CR2E034 (9/99)