

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90174 008 ***150.00

DOCUMENT # F98000001615

1. Entity Name
ELITE FIRE PROTECTION, INC.

Principal Place of Business

**2857 S MCKENZIE SE
 FOLEY AL 36535**

Mailing Address

**2857 S MCKENZIE SE
 FOLEY AL 36535**

2. Principal Place of Business

6781 Gulf Shores Pkwy.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4369
 Suite, Apt. #, etc.

City & State

Gulf Shores, AL

City & State

Gulf Shores, AL

Zip
36542

Country
USA

Zip
36547

Country
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE **CP** ☐ Delete
 NAME **NUGENT, D. SCOTT**
 STREET ADDRESS **2857 S. MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL 36535**

TITLE **VC** ☐ Delete
 NAME **HINES, CHARLES S**
 STREET ADDRESS **2857 S. MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL 36535**

TITLE **V** ☐ Delete
 NAME **NUGENT, JANAI A**
 STREET ADDRESS **2857 S. MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL 36535**

TITLE **S** ☐ Delete
 NAME **HINES, RHONDA**
 STREET ADDRESS **2857 S. MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL 36535**

TITLE **T** ☐ Delete
 NAME **HINTON, LILA**
 STREET ADDRESS **2857 S. MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL 36535**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-01 970-3473

Date

Daytime Phone #

CR2E034 (10/00)