

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002089

1. Entity Name

~~QUALITY FIRE PROTECTION SYSTEMS, INC.~~
VFP Fire Systems, Inc.

Principal Place of Business

Mailing Address

3705 DAY ST.
HARVEY LA 70058

P.O. BOX 489
MARBERO LA 70073-0489

2. Principal Place of Business

3. Mailing Address

1301 L'Orient Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Paul MN

Zip

Country

Zip

Country

55117

USA

4. FEI Number

36-1913510

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

CHAIRES, OSCAR G
5870 W. ANTHONY
OCALA FL 34479

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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 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
NAME MCCULLOUGH, FRED N
STREET ADDRESS 1718 ENGINEERS RD., #C
CITY-ST-ZIP BELLE CHASSE LA 70037 ☒ Delete

TITLE P
NAME Ryan Johnston
STREET ADDRESS 1301 L'Orient Street
CITY-ST-ZIP St. Paul, MN 55117 ☐ Change ☒ Addition

TITLE V
NAME DAVIDSON, JAMES A
STREET ADDRESS 1718 ENGINEERS RD., #C
CITY-ST-ZIP BELLE CHASSE LA 70037 ☒ Delete

TITLE T
NAME Bryan Kuha
STREET ADDRESS 1301 L'Orient Street
CITY-ST-ZIP St. Paul, MN 55117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Lee Anderson
STREET ADDRESS 2366 Rose Place
CITY-ST-ZIP St. Paul, MN 55113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME William Bandle
STREET ADDRESS 2366 Rose Place
CITY-ST-ZIP St. Paul, MN 55113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Bryan Kuha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
Date

651.558.3216
Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90117 019 ***150.00

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DO NOT WRITE IN THIS SPACE