

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90022 018 ***550.00

DOCUMENT # F99000001597

1. Entity Name

SUNLAND FIRE PROTECTION, INC.

Principal Place of Business

PO BOX 277
 JAMESTOWN NC 27282

Mailing Address

PO BOX 277
 JAMESTOWN NC 27282

2. Principal Place of Business

1218 ELON PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Point, NC

City & State

4. FEI Number

56-1213769

Applied For

Not Applicable

Zip

27263

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete

**PCT
 REES, ROBERT W.
 4009 HIDDENWOOD COURT
 GREENSBORO NC 27407**

TITLE Delete

**V
 FLINCHUM, EUGENE B
 6400 HARMON LANE
 PLEASANT GARDEN NC 27313**

TITLE Delete

**V
 DREYER, DAVID L
 2918 N. WESTGATE DR.
 HIGH POINT NC 27265**

TITLE Delete

**SD
 REES, JUDY F
 4009 HIDDENWOOD COURT
 GREENSBORO NC 27407**

TITLE Delete

**D
 REES, THOMAS H
 28 CHERBOURG
 NEWPORT NEWS VA 23606**

TITLE Delete

**D
 REES, R. M
 14491 EAST 400 NORTH RD.
 RIDGE FARM IL 61870**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

4000 CARIBOU

TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE
 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:

Robert W. Rees
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

336-886-7027

Daytime Phone #

CR2E034 (5/00)