

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0578233

**DOCUMENT # F99000001597**

1. Entity Name  
**SUNLAND FIRE PROTECTION, INC.**

04-07-2001 90027 044 \*\*\*150.00

Principal Place of Business Mailing Address  
**1210 ELON PLACE PO BOX 277**  
**HIGH POINT NC 27263 JAMESTOWN NC 27282**

**00032557**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>56-1213769</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PCT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REES; ROBERT W</b>		NAME		
STREET ADDRESS	<b>4009 HIDDENWOOD COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO NC 27407</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLINCHUM, EUGENE B</b>		NAME		
STREET ADDRESS	<b>6400 HARMON LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLEASANT GARDEN NC 27313</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREYER, DAVID L</b>		NAME		
STREET ADDRESS	<b>2918 N. WESTGATE DR.</b>		STREET ADDRESS	<b>4000 CARIBOU CT</b>	
CITY-ST-ZIP	<b>HIGH POINT NC 27265</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REES, JUDY F</b>		NAME		
STREET ADDRESS	<b>4009 HIDDENWOOD COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO NC 27407</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REES, THOMAS H</b>		NAME		
STREET ADDRESS	<b>28 CHERBOURG</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEWPORT NEWS VA 23606</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REES, R. M</b>		NAME		
STREET ADDRESS	<b>14491 EAST 400 NORTH RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIDGE FARM IL 61870</b>		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: Judy Rees, Corp Sec Date: 3-27-01 Daytime Phone #: 336-886-7027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)