

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 019 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002079

1. Entity Name

Summers Fire Sprinklers, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

569 N. State Street

3. Mailing Address

569 N. State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Medina, OH 44256

City & State

Medina, OH 44256

4. FEI Number

34-1891265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Stout, Owen G.
STREET ADDRESS 569 N. State Street
CITY-STATE-ZIP Medina, OH 44256

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ST
NAME Figgie, Matthew P.
STREET ADDRESS 569 N. State Street
CITY-STATE-ZIP Medina, OH 44256

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CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03
Date

330-722-1011
Daytime Phone #

CR2E034B (12/02)