

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004965

1. Entity Name  
SOUTHEASTERN FIRE CONTROL-PF&S, INC. ✓

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90056 043 \*\*\*558.75

Principal Place of Business  
2550-B COLLINS SPRING DRIVE  
SMYRNA GA 30080

Mailing Address  
2550-B COLLINS SPRING DRIVE  
SMYRNA GA 30080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2301 Distribution Street  
Suite, Apt. #, etc.

3. Mailing Address  
2301 Distribution Street  
Suite, Apt. #, etc.

City & State  
Charlotte, NC  
Zip 28203

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Charlotte, NC  
Zip 28203

4. FEI Number 52-2072884  
Applied For  
Not Applicable

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	CD GROSS, EMORY A 3115 RIVER EDGE DRIVE PORTSMOUTH VA 23703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMPSEY, C. MICHAEL 3406 FAWN HILL ROAD CHARLOTTE NC 28105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUSTIS, PETER 4753 RIVER SHORE ROAD PORTSMOUTH VA 23703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECHTEL, MARTIN J 2151 CUMBERLAND PARKWAY, APT. 613 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SAFFOLD, GORDON 3802 POPLAR HILL ROAD, SUITE E CHESAPEAKE VA 23321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GEORGE D 22 PACES WEST DRIVE ATLANTA GA 30327	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martin Bechtel 2841 Superior Street Circle Sarasota FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gordon Saffold 5604 Springwood Dr Portsmouth VA 23703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*SIGNATURE OF GORDON C SAFFOLD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 13, 2000 (253) 586-0112  
Date Daytime Phone #

CR2E034 (5/00)