## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # J29908 1. Entity Name **Secretary of State** PIPER FIRE PROTECTION, INC. Principal Place of Business Mailing Address 521 COMMERCE DRIVE S P O BOX 9005 LARGO FL LARGO FL33770 33771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2780461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, TERRENCE R. JOHNSON, TERRENCE R. 956 SOUSA DRIVE Street Address (P.O. Box Number is Not Acceptable) 956 SOUSA DRIVE LARGO FL34641 US City Zip Code LARGO 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. 04/27/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME O'LONE DONALD STREET ADDRESS STREET ADDRESS 521 COMMERCE DR. S CITY-ST-ZIP CITY-ST-ZIP ☐ Delete VSD TITLE ☐ Change NAME JOHNSON CHRIS NAME STREET ADDRESS 9270 117TH AVE N STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP Delete TITLE X Change ☐ Addition JOHNSON, TERRENCE R. NAME JOHNSON, TERRENCE R. STREET ADDRESS 956 SOUSA DRIVE STREET ADDRESS 956 SOUSA DRIVE CITY-ST-ZIP LARGO FLCITY-ST-ZIP LARGO FL. TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/27/2001

Date

Daytime Phone #

Terrence R. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_