

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30873

Entity Name
SPRINKLER INSPECTION SERVICE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90084 046 ***150.00

Principal Place of Business Mailing Address
~~MUSTANG DRIVE~~ ~~3299 MUSTANG DRIVE~~
~~HILL FL 34609~~ ~~SPRING HILL FL 34609-8111~~

Principal Place of Business 3. Mailing Address
424 E. Gobbler Dr P.O. Box 10508
Suite, Apt. #, etc. Suite, Apt. #, etc.
FL City, FL 34436 City & State
City & State Brooksville FL
Zip Country Zip Country
34609 HERMANDO



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2713139 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LAWRENCE, RALPH E. Name JOHN G. PACITTI
1416 FINDLAY AVE. Street Address (P.O. Box Number is Not Acceptable)
SPRING HILL FL 34609 10424 E. GOBBLER DR
City FLORAL CITY FL Zip Code 34436

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
John G. Pacitti 3/2/2000

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
(See criteria on back) Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD LAWRENCE, RALPH E. 1416 FINDLAY AVE. SPRING HILL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/SECY JOHN G. PACITTI 10424 GOBBLER DRIVE FLORAL CITY, FL 34436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V SHAUN E. LAWRENCE 5510 BAFFIN CIRCLE SPRING HILL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S BILLIE L. LAWRENCE 1416 FINDLAY AVE. SPRING HILL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Billie L. Lawrence 3-2-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)