

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90290 044 ***150.00

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DOCUMENT # J77652

1. Entity Name
CERTIFIED BACKFLOW PROTECTION, INC.



Principal Place of Business
**26 16TH AVENUE NORTH
LAKE WORTH FL 33460-1908
US**

Mailing Address
**26 16TH AVENUE NORTH
LAKE WORTH FL 33460-1908
US**



2. Principal Place of Business
1319 CENTRAL TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1319 CENTRAL TERRACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL.
Zip
33460
Country
P.B.

City & State
LAKE WORTH, FL.
Zip
33460
Country
P.B.

4. FEI Number
65-0011690

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

KIRKPATRICK, T. J.
**26 16TH AVENUE NORTH
LAKE WORTH FL 33460**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KIRKPATRICK, THEODORE IV
26 16TH AVENUE NORTH
LAKE WORTH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P T S
KIRKPATRICK, THEODORE J. III
26 16TH AVE N.
LAKE WORTH, FL. 33460 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KIRKPATRICK S.L.
26 16TH AVE NORTH
LAKE WORTH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

561-586-9020

Date

Daytime Phone #

CR2E034 (10/02)