2001 U	NIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # J99585 1. Entity Name BRUCE FIRE AND SAFETY EQUIPMENT COMPANY, INCORPO							Secretary of State 08-29-2001 90014 019 ***550.00			
Principal Place of Business 5176 WOODLANE CIR TALLAHASSEE FL 32303 US			Mailing Address 5176 WOODLANE CIR TALLAHASSEE FL 32303 US			1				
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2. Principal Place of Business			3. Mailing Address						51511 5 1511 15 5 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 59-2853412	├	pplied For ot Applicable]	
Zip	Co	untry	Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and #	Address of Current Re	gistered Agent.		-	7	Name and Address of New Register	Fee Require	90	4
					Name		Name and Address of New Register	eu Agent		┧
BRUCE, JAMES C 5176 WOODLANE CIRCLE TALLAHASSEE FL 32303				Street Address (P.O. Box Number is Not Acceptable)						
				City			Zip Coc	le	1	
Tax filing requirement and elects to do so. After Se		FILE NOW After September 1 Make Check Paya	/!!! FEE 2, 2001	IS \$550.0 Fee will be	\$750.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be	-	
11,		OFFICERS AND DIF		12.			DDITIONS/CHANGES TO OFFICERS A	NID DIDECTOR	C IN) 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE, JAMES 5176 WOODLA TALLAHASSEE	S C NE CIR	☐ Delete	TITLE NAMI STRE		AL	SUITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUCE, BARBA 5176 WOODLA TALLAHASSEE	NE CIR	☐ Delete					☐ Change	Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				i i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			ŭ.		☐ Change	☐ Addition	
TITLE			. Doloto	TITLE				Change	☐ Addition	1

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 of 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

L Delete

850-575-7318

 \square Addition

Change