

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90330 050 \*\*\*158.75

**DOCUMENT # K13796**

1. Entity Name

**GULFCOAST FIRE & SAFETY CO., INC.**

Principal Place of Business

**6657 U.S. HIGHWAY 301 SOUTH  
 RIVERVIEW FL 33569**

Mailing Address

**P O DRAWER 3190  
 P.O. DRAWER 3190  
 BRANDON FL 33509-3190  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2869199**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BURCH, ROBERT**

**6657 U.S. HIGHWAY 301 SOUTH  
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6657 U. S. Highway 301 South**

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

*Kathryn E. Burch*

**Kathryn E. Burch**

**4/16/02**  
 DATE

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  
 Tax filing requirement and elects to do so.  
☒ (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>PD BURCH, ROBERT</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>6657 US 301 SOUTH</b>
CITY-ST-ZIP	<b>RIVERVIEW FL</b>
TITLE NAME	<b>STD BURCH, KATHRYN</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>6657 US 301 SOUTH</b>
CITY-ST-ZIP	<b>RIVERVIEW FL</b>
TITLE NAME	<b>Vice President Christopher M. Burch</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>6657 U. S. Highway 301 South</b>
CITY-ST-ZIP	<b>Riverview, FL 33569</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/01)

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:

*Kathryn E. Burch*

**Kathryn E. Burch**

**4/16/02**

**813-671-3733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #