## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 23, 2000 8:00 am Secretary of State **DOCUMENT # L36034** DAVIS SALES & EXTINGUISHER SERVICE, INC. 05-23-2000 90242 047 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 1578 P.O. BOX 1578 KEY LARGO FL 33037-1578 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For - City & State 4. FEI Number 65-0158092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLEMING, CHRIS Street Address (P.O. Box Number is Not Acceptable) 99411 OVERSEAS HWY KEY LARGO FL 33037 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 DATE equired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE FLEMING, CHRIS NAME NAME STREET ADDRESS 9941 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LADELY, MARVIN NAME NAME STREET ADDRESS JENNY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change Addition Delete TITLE SEEFELDT, JEFFREY NAMÉ NAME STREET ADDRESS 30 SHORELAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition ☐ Change MATTHEW DELTORD Delete TITLE D TITI F NAME NAME STREET ADDRESS 4R60 FLA. 33037 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 require t by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addresse, with all other like empowered. KES SIGNATURE: