

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77432

1. Entity Name

KNEELAND'S SPRINKLER SYSTEMS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90262 035 ***158.75

Principal Place of Business

Mailing Address

110-1A WISE AVE
NICEVILLE FL 32578
US

P.O. BOX 43
NICEVILLE FL 32588-0043
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

59-2872119

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

KNEELAND, JOHN
303 RILEY ROAD
NICEVILLE FL 32578

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

[Signature]

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 VP
NAME KING, KENNITH EDWIN
STREET ADDRESS 703 FAIRVIEW DRIVE
CITY-ST-ZIP FT. WALTON BCH FL 32547

☐ Delete

TITLE P
NAME KNEELAND, JOHN
STREET ADDRESS 303 RILEY RD
CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE ST
NAME KNEELAND, JAYNEE
STREET ADDRESS 303 RILEY RD
CITY-ST-ZIP NICEVILLE FL 32578

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jayne Kneeland Jaynee Kneeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.01.00

Date

850-678-6114

Daytime Phone #