

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80473

1. Entity Name

ALL-AROUND SPRINKLERS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90093 037 ***150.00

Principal Place of Business

7073 LAKE ISLAND
LAKE WORTH FL 33467
US

Mailing Address

7073 LAKE ISLAND
LAKE WORTH FL 33467-7951
US

2. Principal Place of Business

8406 Theresa Rd
Suite, Apt. #, etc.

3. Mailing Address

8406 Theresa Rd
Suite, Apt. #, etc.

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

33437

Country

Palm Bch

Zip

33437

Country

Palm Bch

4. FEI Number

65-0049531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ALLEN D
7073 LAKE ISLAND DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

8406 Theresa Rd

Boynton Bch

FL

Zip Code

33437

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) ☐

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

TITLE	S	<input type="checkbox"/> Delete
NAME	LEWIS, DONNA L	
STREET ADDRESS	7073 LAKE ISLAND DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, ALAN	
STREET ADDRESS	7073 LAKE ISLAND DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHELHAMER, VIVIAN	
STREET ADDRESS	8406 THERESA RD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8406 Theresa Rd	
CITY-ST-ZIP	Boynton Bch, FL 33437	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8406 Theresa Rd	
CITY-ST-ZIP	Boynton Bch, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna L. Lewis

361-439-3360
3-7-00

CR2E034 (9/99)