2000 UNIFORM BUSINESS REPORT (UBR)

Feb 24 2000 8:00 am Secretary of State Feb 24					<u> </u>						
FILED Feb 24 2000 8:00 am Secretary of State International Place of Business International Pl	DOCU	MENT # M980		DI.							
Principal Place of Business 104 STATION RD SUITE A DAMPINE AL 30524 DO NOT WRITE IN THIS SPACE COV & State COV	GULF COAST FIRE PROTECTION, L.L.C.										
104 STANTOR RD SUITE A DAPHIE AL 38324 2. Principal Place of Business Soile Apt. 4, etc											
SUIF A DAPINE AL SS204 2. Principal Place of Business 3. Mailing Andress Suite, April A. etc. City & State Cit	Principal Plac	ce of Business		Secretary of State							
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Zip Country Zip Country 5. Curtificate of Salus Desired Script (740) Next Application Section Sectio									1 100	oliosi For	7
6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION F. 33324 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE MANAGING MEMBERS / Make Check Payable to Department of State MANAGING MEMBERS / MANAGIN	City & State		City & State		4. FEI Numt	63-1210740		-		┧	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION PL 33324 City FL Zep Code 8. The above named entry submits this statement for the purpose of changing its registered discar / registered agent, or both, in the State of Florida. SIGNATURE Signature Registered Agent and a registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Registered Agent and a registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Registered Agent and a registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Registered Agent and a registered agent of both, in the State of Florida. SIGNATURE Signature Registered Agent and a registered agent of both, in the State of Florida. SIGNATURE Signature Registered Agent agent and the acclustion in the State of Florida. SIGNATURE Signature Registered Agent agent and the acclustion in the State of Florida. SIGNATURE Signature Registered Agent agent and the acclustion in the State of Florida. SIGNATURE Signature Registered Agent agent agent and the acclustion in the State of Florida. SIGNATURE Signature Registered Agent agent agent agent and the acclustion in the State of Florida. SIGNATURE Signature Registered Agent	Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired				1
Name Street Address (P.O. Box Number is Not Acceptable)		6 Name and Address of Curren	t Registered Agent	L		7. Name an	d Address of New Red		•		-
1200 SOUTH PINE ISLAND ROAD PLANTATION F. 33324 City FL Zip Code		O. Name and Address of Current	r Hogistored Agent		Name	1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					٦
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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 SUBMIT A STATE ADDRESS STATE AD	,										1
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, typeou or printed name of registered agent and time if apphases. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered when religible when religible to the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typeou or printed name of registered agent and time if apphases. (NOTE: Registered Agent algunature registered when religible to the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered Agent algunature registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State o	* C * * * * * * * * * * * * * * * * * *				015			<u></u>	Zin Code		-
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Signature, typed or prired name of registered agent and their 4 explosive. Secondary	8. The above	named entity submits this statement f	for the purpose of changing its	register	ed office or regist	ered agent, or bi	oth, in the State of Flori	da.			
Signature, typed or prired name of registered apport and their Applicable FILE NOW!!! FEE IS-\$50.00	SIGNATI IRE										
MARK Check Payable to Department of State 9.		Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reinstating)		DATE			-
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