

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001522

1. Entity Name

GULF COAST FIRE PROTECTION, L.L.C.

Principal Place of Business

1014 STANTON RD

SUITE A

DAPHNE AL 33324

Mailing Address

1014 STANTON RD

SUITE A

DAPHNE AL 36526-4202

FILED

Feb 24 2000 8:00 am

Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

— Suite, Apt. #, etc. —

— Suite, Apt. #, etc. —

City & State

City & State

4. FEI Number

63-1210740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE-NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
GUILLORY, SEAN J
28628 CANTERBURY ROAD
DAPHNE AL 36526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
h/ 3/6/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BURKS, WOODROW A
28628 CANTERBURY ROAD
DAPHNE AL 36526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600003162076--2
-03/08/00--01046--013
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/26/00

Date

334-614-5609

Daytime Phone #

CR2E083 (9/99)