

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90151 009 \*\*\*150.00

DOCUMENT # **M98372**

1. Entity Name  
**FIRE BARRIER INSTALLATIONS, INC.**

Principal Place of Business  
**12450 WILES ROAD  
CORAL SPRINGS FL 33076  
US**

Mailing Address  
**12450 WILES ROAD  
CORAL SPRINGS FL 33076  
US**

2. Principal Place of Business  
**12440 Wiles Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**12440 Wiles Rd**  
Suite, Apt. #, etc.

City & State  
**Coral Springs FL**  
Zip  
**33076**  
Country  
**USA**

City & State  
**Coral Springs FL**  
Zip  
**33076**  
Country  
**USA**

4. FEI Number **65-0075216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MACMILLAN, GEORGE STEPHEN  
12450 WILES ROAD  
CORAL SPRINGS FL 33071**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12440 Wiles Road**  
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

*George Stephen Macmillan Sec. / Treas.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/02**

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, 2002 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 **PD** ☐ Delete  
NAME **MACMILLAN, GEORGE S.**  
STREET ADDRESS **611 N.W. 109TH TERR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Delete  
NAME **FIELDS, TRACY L.**  
STREET ADDRESS **12450 WILES ROAD**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **12440 Wiles Road**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

*George Stephen Macmillan Sec. / Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/02 954-544-6862**

CR2E034 (9/01)