

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000820**

1. Entity Name  
**ALLIANCE FOR FIRE AND SMOKE CONTAINMENT AND CONTROL, I NC.**

Principal Place of Business 767 S STATE ROAD SUITE 21  MARGATE FL 33068	Mailing Address 767 S STATE ROAD SUITE 21  MARGATE FL 33068
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2. Principal Place of Business 8630-M GUILFORD ROAD	3. Mailing Address 8630-M GUILFORD ROAD
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Suite, Apt. #, etc. #196	Suite, Apt. #, etc. #196
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City & State COLUMBIA MD	City & State COLUMBIA MD
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Zip 21046	Country	Zip 21046	Country
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4. FEI Number <b>65-0983133</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GLANTZ RONALD PESQ  
7951 SW 6TH STREET SUITE 200  
  
PLANTATION FL 33324 US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRIVER JIM 3711 WEST MILL STREET WABASH IN 46992	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICK THORNBERRY 1111JEFFERSON STREET NAPA CA 94559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAL TAMIM WR GRACE, 62 WHITTLEMORE AVENUE CAMBRIDGE MA 02140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELL VICKIE 1040 CASOURINA BLVD DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GARDNER MICHAEL 810 FIRST STREET, NE #510 WASHINGTON DC 20002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICHT RICHARD 3M COMPANY, BUILDING 225-4S-08 ST. PAUL MN 55144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Michael Gardner** M **04/18/2001**

CR2E037 (11/00)