200	I UNIFORM BUSII	NESS REPOR	RT (UBI	R)	FI Son 10, 2	LED	lam	0008623
DOCUMENT # <b>P0000003809</b>					Sep 10, 2001 8:00 am Secretary of State			
1. Entity Name ORLANDO FIRE PROTECTION, INC.				,		044 025 ***558.7		8
•	- · · · · - · · · · · · · · · · · · · ·			V	05 10 2001 50	7011023 330.7	J	
Principal Plac	ee of Business	Mailing Address	-					
280 LAKE SH LAKE MARY		280 LAKE SHORE DR. LAKE MARY FL 32746						
	. 2 42. 14					I PRIN RAIN BRID HIRR IRIN	<b>43</b> 178 7871 1881	
2. Principal F	Place of Business	3. Mailing Address 4536 N . 6						
4536	).B.T.							
Suite, Apt.	e 5+6	Suite, Apt. #, etc. Suite 5	546		DO NOT WRITI	E IN THIS SPACE		
City & Stat	ido, Fl.	City & State	=1.	4.	FEI Number 9 -3615648	<del> </del>	oplied For ot Applicable	
Zip 2	804 Country	Zip 3 2 8 D V	Country	^	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent	<u>us</u>	7 : : : : : : : : : : : : : : : : : : :	Name and Address of New Re	Fee Required	<u> </u>	ر <u>ب</u> ے
SULLIVAN	I, HOWARD E		Name 1	<u> Teffi</u>	rey Bennet	+		
280 LAKE SHORE DR.			Street	ddress (P.O.	Box Number is Not Acceptable)	, ,		
LAKE MA	RY FL 32746							
			City	Jinter	<u>Coarden</u>	FL Zig Cycle	787	
8. The above	named entity submits this statement for the	ne purpose of changing its re	gistered office or	registered a	gent, or both, in the State of Flor			
SIGNATURE	May PButt	Teffrey Benn	<u>e#, Vi</u>	ce Pi	resident		9/01	
C This same	Signature. The or printed name of registered agent and		FEE IS \$550.		reinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	After September 12, 2 Make Check Payable	2001 Fee will b	e \$750.00	10. Election Campaign Fina Trust Fund Contribution		<b>0</b> May Be I to Fees	
11. TITLE	OFFICERS AND DI		12.	Vice	DDITIONS/CHANGES TO OFFICE PRESICIENT			e e
NAME	BENNETT, JEFFREY	☐ Delete	TITLE NAME	Beny	Highland Ave.	Change	☐ Addition	(2/0
STREET ADDRESS CITY-ST-ZIP	608 W. AVE.   OCOEE FL 32761		STREET ADDRESS CITY-ST-ZIP	Munta	ur Gorden, Fl.	34181		CR2E034 (5/01)
TITLE	D	Delete	TITLE	VOITE	a Caroanpin	☐ Change	Addition	CR2
NAME STREET ADDRESS	Sullivan, Howard e III   280 Lake Shore Dr.		NAME STREET ADDRESS					
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	Presid	Y-10\-			
NAME		☐ Delete	TITLE NAME	Ralph	D. Sugas	☐ Change	Addition	ĺ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	305 B	D. Suggs Sculan Rd. Garden, Fl. 3	U 127	}	
TITLE		☐ Delete	TITLE	Willia	Su harring	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	CiTY-ST-ZiP					
TITLE NAME	•	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	-		☐ Change	☐ Addition	
NAME STREET ADDRESS	. •		NAME STREET ADDRESS					
CITY CT. 7ID			OTTLET ADDITED				ł	- 1

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.

THE PJETET PBENNETT V.P. 8/29/01 (401) 398-1008
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat