

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000009117

FILED  
Apr 11, 2003  
Secretary of State

Entity Name: C - T FIRE PROTECTION, INC.

**Current Principal Place of Business:**

7386 SOUTH COUNTY ROAD 125  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

7386 SOUTH COUNTY ROAD 125  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 59-3628130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NADER, CHARLES  
6316 NORTH C R 660  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NADER, THOMAS  
Address: 7386 SOUTH C R 125  
City-St-Zip: MACCLENNY, FL 32063

Title: VP ( ) Delete  
Name: NADER, CHARLES  
Address: 6316 NORTH C R 660  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NADER

P

04/11/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date