

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011175

1. Entity Name

FIRESTOPPING SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

12602 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

Mailing Address

12602 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

2. Principal Place of Business

4849 Dawin Rd

Suite, Apt. #, etc.

#2

3. Mailing Address

4849 Dawin Rd

Suite, Apt. #, etc.

#2

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

Zip

32207

Country

4. FEI Number

59-3622030

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSLEY, STEVEN F
12602 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete
NAME ☒ President
STREET ADDRESS Steven F. Crossley
CITY-ST-ZIP 12602 Old St. Augustine Rd
Jacksonville, FL 32258

TITLE ☐ Delete
NAME ☒ Vice President
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME ☒ President / Treasurer
STREET ADDRESS Steven F. Crossley
CITY-ST-ZIP 12602 St. Augustine Rd
Jacksonville, FL 32258

TITLE ☐ Change ☒ Addition
NAME ☒ Vice-President / Secretary
STREET ADDRESS Gerald A. Newman
CITY-ST-ZIP 4849-2 Dawin Rd.
Jacksonville, FL 32207

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)(l), 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:

Gerald A. Newman

Gerald A. Newman

3/26/01

904-731-3973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00040000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)