

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90288 035 ***163.75

DOCUMENT # P00000048704

1. Entity Name
INTERNAL FIRE PROTECTION, INC.

Principal Place of Business 7239 FIAQUETTE RD. WINDERMERE FL 34786	Mailing Address 7239 FIAQUETTE RD. WINDERMERE FL 34786
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2. Principal Place of Business 7239 FIAQUETTE RD.	3. Mailing Address 7239 FIAQUETTE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Country
Country	Zip 34786
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LYON, ANDREW W
 7239 FIAQUETTE RD.
 WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name **ANDREW W. LYON**
 Street Address (P.O. Box Number is Not Acceptable)
7239 FIAQUETTE RD.
 City **WINDERMERE** FL Zip Code **34786**

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 _____ (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) <input type="checkbox"/>	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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYON, ANDREW W 7239 FIAQUETTE RD. WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Andrew W. Lyon* **ANDREW LYON** 4/16/01 (407)-467-3930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)