

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000053726

1. Entity Name
SUAREZ SECKMAN FIRE SYSTEMS, INC.



90097298

Principal Place of Business
3104 CHERRY PALM DR, SUITE 230
TAMPA, FL 33619

Mailing Address
3104 CHERRY PALM DR, SUITE 230
TAMPA, FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3722877

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JAMES A
817 N BANNOCKBURN AVE
TEMPLE TERRACE, FL 33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required when Resigning)

DATE

FILE NOW! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SUAREZ, JAMES A ☐ Delete
STREET ADDRESS 817 N BANNOCKBURN AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE VP
NAME SUAREZ, KIMBERLY J ☒ Delete
STREET ADDRESS 817 N BANNOCKBURN AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE VP
NAME SECKMAN, THOMAS H ☐ Delete
STREET ADDRESS 817 N BANNOCKBURN AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ST
NAME SUAREZ, SONIA F ☐ Delete
STREET ADDRESS 817 N BANNOCKBURN AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.P.
NAME Seckman, Thomas H ☒ Change ☐ Addition
STREET ADDRESS 11614 Monette Rd
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other, as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 813-740

CR2E034 (10/02)