

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

DOCUMENT # P 01000102557

1. Entity Name

ELITE FIRE PROTECTION & COMPANY, INC.

FILED

02 APR 16 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

117 POPPELL DR

3. Mailing Address

117 POPPELL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PERRY, FL.

City & State

PERRY, FL.

4. FEI Number

75-3043116

Applied For

Not Applicable

Zip

32348

Country

TAYLOR

Zip

32348

Country

TAYLOR

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LARRY A. SHARPE

Street Address (P.O. Box Number is Not Acceptable)

117 POPPELL DR

City

PERRY

FL

Zip Code

32348

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

*Larry A. Sharpe*

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

(NOTE: Registered Agent signature required when reinstating)

4-16-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 **P/D**  
NAME **LARRY A. SHARPE**  
STREET ADDRESS **117 POPPELL DR**  
CITY-ST-ZIP **PERRY, FL. 32348**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **300005348143--5**

TITLE **V.S.T**  
NAME **D**  
STREET ADDRESS **SHIRLEY M. SHARPE**  
CITY-ST-ZIP **117 POPPELL DR**  
**PERRY, FL. 32348**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **-04/25/02--01048--007**  
**\*\*\*\*158.75 \*\*\*\*158.75**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larry A. Sharpe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

DATE

850-5848468

Daytime Phone #

CR2E034B (12/01)