

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90095 039 \*\*\*150.00

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

DOCUMENT # **P01000107230**

1. Entity Name

**CHARLES' SPRINKER SERVICE INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4154 RUBY DR W**

Suite, Apt. #, etc.

**JACKSONVILLE FL**

City & State

3. Mailing Address

**4154 RUBY DR W**

Suite, Apt. #, etc.

**JACKSONVILLE FL**

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3754927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**CHARLES COCHRAN**

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

**4154 RUBY DR W**

City

**JACKSONVILLE**

**FL**

Zip Code

**32246**

**DO NOT WRITE  
IN THIS SPACE**

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

**SAME**

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)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
CHARLES COCHRAN  
4154 RUBY DR W  
JACKSONVILLE FL 32246**

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: **Charles Cochran**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-02**

Date

Daytime Phone #

CR200348 (12/01)