

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90296 013 \*\*\*150.00

**DOCUMENT # P01000110277**

1. Entity Name

**CORBETT FIRE PROTECTION, INC.**

Principal Place of Business

**2723 SHERIDAN DRIVE  
 SARASOTA FL 34239**

Mailing Address

**2723 SHERIDAN DRIVE  
 SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

**5900 S. TAMiami TRAIL**

Suite, Apt. #, etc.

**SUITE I**

**Sarasota FL**

Zip

**34231**

Country

**USA**

DO NOT WRITE IN THIS SPACE



4. FEI Number

**65-1152861**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASTRONSKAS, CATHERINE L PA  
 5900 S. TAMiami TRAIL SUITE I  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

**CATHERINE L. ASTRONSKAS, CPA  
 Street Address (P.O. Box Number is Not Acceptable)  
 5900 S. TAMiami TRAIL  
 SUITE I  
 City Sarasota FL Zip Code 34231**

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 **Catherine L. Astronskas**

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

(NOTE: Registered Agent signature required when reinstating)

**4-9-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORBETT, MICHAEL R</b>	
STREET ADDRESS	<b>2723 SHERIDAN DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL R. CORBETT</b>	
STREET ADDRESS	<b>2723 SHERIDAN DRIVE</b>	
CITY-ST-ZIP	<b>Sarasota FL 34239</b>	
TITLE	<b>D/V/P/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT G. WILLIAMS</b>	
STREET ADDRESS	<b>303 Highland Avenue - #C</b>	
CITY-ST-ZIP	<b>BRADENTON BEACH, FL 34217</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-02**

CR2E034 (9/01)