

2002 UNIFORM BUSINESS REPORT (UBR)

8/21

FILED
Sep 10, 2002 8:00 am
Secretary of State

08-26-2002 90056 025 ***150.00

DOCUMENT # P01000122107

1. Entity Name

DJW SPRINKLER SOLUTIONS, INC.

Principal Place of Business

**312 BAHIA CIRCLE
 LONGWOOD FL 32750**

Mailing Address

**312 BAHIA CIRCLE
 LONGWOOD FL 32750**

42338

2. Principal Place of Business

**312 Bahia cir
 Suite, Apt. #, etc.**

3. Mailing Address

**312 Bahia cir
 Suite, Apt. #, etc.**

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32750 Seminole

Zip

Country

32750 Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, KENNEDY L
 312 BAHIA CIRCLE
 LONGWOOD FL 32750**

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 reinstating)

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Director Williams
 312 Bahia Circle
 Longwood, FL 32750**

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: Kennedy Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02

Daytime Phone #

CR2E034 (4/02)

Attachment

PO 1000122107

Attachment 42338

To whom it may concern: #PO 1000122107

This is my first notice that was received. I was informed that I should have received a notice in April, but I did not receive it. I am therefore remitting the payment that was due in April for one hundred and Fifty Dollars \$150.00. Thanks for your consideration in this matter.

Kennedy William

D. J. W. Sprinklers, Inc.