

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

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90095 033 \*\*\*150.00

DOCUMENT # *P02000059161*

1. Entity Name

Preferred Fire Safety, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

695 Wilma Street

Suite, Apt. #, etc.

Suite 113

City & State

Longwood, Florida

Zip

32750

Country

USA

3. Mailing Address

695 Wilma Street

Suite, Apt. #, etc.

Suite 113

City & State

Longwood, Florida

Zip

32750

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0451526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **James A. McManama**

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

537 West May Street

City **Deland**

**FL**

Zip Code  
**32720**

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

SIGNATURE

**James A. McManama**

**5/27/2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P. Joel Lane Humphrey</b> <b>1432 Bird Road</b> <b>Winter Springs, Florida 32708</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S. James Aaron McManama</b> <b>537 West May Street</b> <b>Deland, Florida 32720</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joel Lane Humphrey**

Date

Daytime Phone #

**5/26/03**

**321-689-8787**