2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000082073 DOCUMENT

FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Name ELITE FIRE SPRINKLERS, INC.								01-21-2003 90	508 034	***150.0	00
Principal Place of Business 1101 CHANNELSIDE DR., SUITE 269 TAMPA FL 33602			1101	Mailing Address 1101 CHANNELSIDE DR., SUITE 269 TAMPA FL 33602							
2. Principal Place of Business			3. Mai	3. Mailing Address					BAHI BBIAI IB	III MAN BENN	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			_	☐ CHECK HERE IF	MAKING	CHANGES	
City & State			City	City & State			4. F	El Number <i>42-15 4445</i> 4	,		oplied For of Applicable
Zip	Zip Country		Zip	Zip Country		try	5. (Certificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Curre	nt Registere	ed Agent			7.1	lame and Address of New Re	gistered A	gent	
						Name					ļ
MARLOWE & MCNABB, P.A.						Street Address (P.O. Box Number is Not Acceptable)					
324 S. HYI TAMPA FL		AVE., SUITE 210				<u> </u>	· ,			 -	-
				, [FL Zip Code				le
the obligati	named entitions of regist		t for the purp	oose of changing its	registere	ed office or regi	istered age	ent, or both, in the State of Florid	da. I am fa	miliar with,	and accept
SIGNATURE _	• ,										
SIGNATURE =	Signature, typed	or printed name of registered ag	ent and title if and	-lianhia (MOT	F 0	d Agent signature req			DATE		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

813 864-5700