

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 016 ***150.00

DOCUMENT # P02000090037

1. Entity Name
ALBERT EVANS SPRINKLER SYSTEMS, INC.



Principal Place of Business
**P O BOX 583
NICEVILLE FL 32588**

Mailing Address
**P O BOX 583
NICEVILLE FL 32588**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0423324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA AGENT SERVICES, LLC
1221 BRICKELL AVE.
9TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Tammy Evans**
Street Address (P.O. Box Number is Not Acceptable)
515 22nd Street
City **Niceville** **FL** Zip Code **32578**

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PVD**
NAME **EVANS, ALBERT D** ☐ Delete
STREET ADDRESS **512 22ND STREET**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **ST**
NAME **EVANS, TAMMY L** ☐ Delete
STREET ADDRESS **P O BOX 583**
CITY-ST-ZIP **NICEVILLE FL 32588**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☒ Change ☐ Addition
NAME **Evans, Albert D.**
STREET ADDRESS **P O Box 583**
CITY-ST-ZIP **Niceville, FL 32588**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03
Date

850-865-3895
Daytime Phone #

CR2E034 (10/02)