

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FD2000096931**

1. Entity Name

FREEDOM FIRE SPRINKLERS, INC.



Principal Place of Business

**8961 N FORK DR
N FORT MYERS FL 33903**

Mailing Address

**8961 N FORK DR
N FORT MYERS FL 33903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULIZZI, RICHARD

8961 N FORK DR

N FORT MYERS FL 33903

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003, Fee will be \$750.00

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	D	☐ Delete
NAME	PULIZZI, RICHARD	
STREET ADDRESS	8961 N FORK DR	
CITY- ST- ZIP	N FORT MYERS FL 33903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

100022930941
03/10/03--01055--018 **550.00

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:

Richard Pulizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

APPROVED
AND
FILED

03 SEP 10 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E034 (4/03)