

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90289 028 \*\*\*150.00

**DOCUMENT # P10746**

1. Entity Name

**CONTINENTAL FIRE SPRINKLER COMPANY**



Principal Place of Business

**4518 SOUTH 133RD ST**

**P.O. BOX 45777**

**OMAHA NE 68145-0777**

**US**

Mailing Address

**P O BOX 45777**

**OMAHA NE 68145-777**

**US**

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

**47-0535774**

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

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete  
NAME **MCVEY, JOHN N.**  
STREET ADDRESS **3116 ARMBRUST DR.**  
CITY-ST-ZIP **OMAHA NE**

TITLE **DIRECTOR ONLY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
NAME **MCVEY, WILLIAM F.**  
STREET ADDRESS **18935 E. PICACHO ROAD**  
CITY-ST-ZIP **RIO VERDE AZ 85263**

TITLE **DIRECTOR ONLY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MCVEY, KERRY W.**  
STREET ADDRESS **13411 LAKE STREET**  
CITY-ST-ZIP **OMAHA NE**

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

TITLE **V** ☒ Delete  
NAME **PABEN, JAMES K**  
STREET ADDRESS **1312 SO 218TH ST.**  
CITY-ST-ZIP **ELKHORN NE**

TITLE **Secretary, Director** ☐ Change ☒ Addition  
NAME **THOMAS L McVey**  
STREET ADDRESS **117 Ridgwood Ave**  
CITY-ST-ZIP **DAVENPORT, IA 52803**

TITLE **VP** ☐ Delete  
NAME **GAMM, JEFFREY**  
STREET ADDRESS **29 GINGER WOODS ROAD**  
CITY-ST-ZIP **VALLEY NE 68064**

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

TITLE **VF** ☐ Delete  
NAME **THORNQUIST, BRENT S**  
STREET ADDRESS **1855 S 110TH ST**  
CITY-ST-ZIP **OMAHA NE 68144**

TITLE **TREASURER, VF, Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**BRENT THORNQUIST** **25/03** **(402) 330-5770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TREASURER**

Date

Daytime Phone #

CR2E034 (10/02)