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**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**  
06-02-2002 90905 028 \*\*\*158.75

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

DOCUMENT # 793.000011785 ✓  
1. Entity Name  
FIRE PROTECTION ENGR. CO. OF GULF COST

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>FIRE PROTECTION ENGR. CO. OF GULF COST</u> Suite, Apt. #, etc. <u>17105 GULF BLVD #221</u> City & State <u>N. REDINGTON BEH, FL</u> Zip <u>33708</u> Country <u>USA</u>	3. Mailing Address <u>17105 GULF BLVD</u> Suite, Apt. #, etc. <u>#221</u> City & State <u>N. Redington Beh FL</u> Zip <u>33708</u> Country <u>USA</u>
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4. FEI Number  
593174798  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name CHARLES SEIFERT  
Street Address (P.O. Box Number is Not Acceptable)  
17105 GULF BLVD #221  
City N. Redington Beh FL Zip Code 33708

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Charles E Seifert</u> <u>17105 Gulf Blvd #221</u> <u>N. Redington Beach FL 33708</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Seifert 5-25-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 727-309-9426

CR2E034B (12/01)