

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017046

1. Entity Name

AL EVANS SPRINKLER SYSTEMS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90023 039 ***150.00

Principal Place of Business

112 WISE AVE.
UNIT 1B
NICEVILLE FL 32578
US

Mailing Address

P. O. BOX 373
NICEVILLE FL 32588-0373
US

2. Principal Place of Business

112 Wise Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State
Niceville, FL

City & State

4. FEI Number 59-3169423

Applied For

Not Applicable

Zip
32578

Country
USA

Zip

Country

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

EVANS, ALBERT D
515 22ND ST
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

112 Wise Avenue

Suite 3

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EVANS, ALBERT D
515 22ND ST
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
112 Wise Avenue, Suite 3
Niceville, FL 32578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
EVANS, TAMMY L
515 22ND ST
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
112 Wise Avenue, Suite 3
Niceville, FL 32578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert D. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

244-8600
Daytime Phone #

CR2E034 (9/99)