

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90048 039 ***150.00

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1. Entity Name
FIRE SPRINKLER SERVICES, INC.



Principal Place of Business
**2454 ROGERO ROAD
SUITE 2
JACKSONVILLE FL 32211
US**

Mailing Address
**P.O. BOX 11171
JACKSONVILLE FL 32239
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3183861**

Applied For
Not Applicable

Zip

Country

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

**RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST., 3400 BARNETT CENTER
JACKSONVILLE FL 32202**

Name
RAX CO.
Street Address (P.O. Box Number is Not Acceptable)
c/o Halcyon E. Skinner
50 N. Laura Street, Suite 3300
City **Jacksonville** **FL** Zip Code **32202**

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.

Halcyon E. Skinner, Pres. 1/6/03

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MATTHEWS, ROBERT E JR**
STREET ADDRESS **24 BEACHSIDE DRIVE**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE **VP** ☐ Delete
NAME **AILSTOCK, DAVID D.**
STREET ADDRESS **8545 ACREE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **ST** ☐ Delete
NAME **MATTHEWS, ROBERT F. III**
STREET ADDRESS **13904 SHIPWRECK CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **T** ☐ Delete
NAME **MICKLER, JUDD P**
STREET ADDRESS **1960 HOLLY OAKS RAYNE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **M** ☐ Delete
NAME **MATTHEWS, THOMAS E**
STREET ADDRESS **1912 LAYTON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4586 SANTA CLARA AVE.**
CITY-ST-ZIP **MIDDLEBURG FL. 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: **R. F. MATTHEWS JR** 1/2/03 904-743-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)