2000 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P94000024465** 1. Entity Name ASSOCIATION SPRINKLER, INC. 05-13-2000 90043 016 ***150.00 Mailing Address Principal Place of Business 1500 WEST SAMPLE ROAD 1500 WEST SAMPLE ROAD **SUITE 1176 SUITE 1176** POMPANO BEACH FL 33064-1418 POMPANO BEACH FL 33064-1418 Principal Place of Business Mailing Address VI E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For Sity & State Sity & State 4. FEI Number 65-0500251 Beal Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'NEILL, LINDA W Street Address (P.O. Box Number is Not Acceptable) 1500 WEST SAMPLE ROAD **SUITE 1176** POMPANO BEACH FL 33064-1418 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or toth, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE PTD ☐ Delete TITLE NAME NAME O'NEILL, LINDA W STREET ADDRESS STREET ADDRESS 1500 W. SAMPLE RD., SUITE 1176 CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33064-1418 Addition [] Change ☐ Delete TITLE TITLE VSD NAME MCINTYRE, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 1500 W. SAMPLE ROAD, SUITE 1176 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064-1418 ☐ Addition Change Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytima Phon

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P94000024465

PLEASE NOTE OUR NEW MAILING 844785 ADDRESS EFFECTIVE APRIL 1, 2000.

association sprinkler, inc. 651 N.E. 34th Street #9 Pompano Beach, FL 33064

Please mail all future correspondence to the above address.