

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034682

1. Entity Name

AFFORDABLE FIRE PROTECTION OF FLORIDA, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90107 017 ***150.00

Principal Place of Business

Mailing Address

802 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168
US

2500 D MEADOW BROOK PKWY
DULUTH GA 30096-4676
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3240418

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

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.

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 DP ☐ Delete
NAME GUTHRIE, ROBERT
STREET ADDRESS 802 MAGNOLIA ST
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE DST ☐ Delete
NAME GUTHRIE, DEBRA
STREET ADDRESS 802 MAGNOLIA ST
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE DVP ☐ Delete
NAME SALEN, RICHARD
STREET ADDRESS 802 MAGNOLIA STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☐ Change ☒ Addition
NAME DOUGLAS G. BURGESS, II
STREET ADDRESS 2500-D MEADOWBROOK PKWY
CITY-ST-ZIP DULUTH, GA 30096

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS G. BURGESS, II, V.P. 03/06/00 770-623-2195

Date

Daytime Phone #

CR2E034 (9/99)