

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043303

1. Entity Name

SOUTHERN FIRE PROTECTION OF PALM BEACH, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90074 046 ***150.00

Principal Place of Business

Mailing Address

605 CASHIERS DRIVE
W PALM BEACH FL 33413

605 CASHIERS DRIVE
W PALM BEACH FL 33413-1119

2. Principal Place of Business

3. Mailing Address

200 Business Park Way 200 Business Park Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

Suite G

City & State

City & State

Royal Palm Beach, FL Royal Palm Beach, FL

Zip

Country

Zip

Country

33411

US

33411

US

4. FEI Number

65-0499350

Applied For

Not Applicable

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

TOUCHET, ROBERT
605 CASHIERS DR.
W PALM BEACH FL 33413

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 D ☐ Delete
NAME TOUCHET, ROBERT
STREET ADDRESS 605 CASHIERS DR.
CITY-ST-ZIP W PALM BEACH FL 33413

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

2/29/00 561 792-9690

Date Daytime Phone #

CR2E034 (9/99)