

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90021 019 ***150.00

812982



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000015037

1. Entity Name

AMERICAN FIRE SAFETY & ELECTRICAL SYSTEMS CORP.

Principal Place of Business

Mailing Address

17403 SW 19TH ST
 MIRAMAR FL 33029
 US

17403 SW 19TH ST
 MIRAMAR FL 33029-5535
 US

2. Principal Place of Business

450 N.W. 135 TERRACE

3. Mailing Address

450 N.W. 135 TERRACE

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

PEMBROKE PINES, FL.

City & State

PEMBROKE PINES, FL.

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-0562143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, BILLY
17403 S.W. 19TH STREET
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **JACKSON, BILLY W**
 STREET ADDRESS **17403 S.W. 19TH ST**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **JACKSON, BILLY W**
 STREET ADDRESS **450 N.W. 135 TERRACE #101**
 CITY-ST-ZIP **PEMBROKE PINES, FL. 33028**

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

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

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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

2/12/00 (954) 441-8775

Date

Daytime Phone #