

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067537

1. Entity Name

BEST WELL SPRINKLERS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90430 001 ****8.75
 04-26-2000 90430 002 ***150.00

Principal Place of Business

Mailing Address

905 S.E. 1ST WAY
 DEERFIELD BEACH FL 33441

905 S.E. 1ST WAY
 DEERFIELD BEACH FL 33441-8211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0636408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCARRY, JAMES A
 905 S.E. 1ST WAY
 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **SCARRY, SERENA E.**
 Street Address (P.O. Box Number is Not Acceptable)
905 S.E. 1ST WAY
 City **DEERFIELD Bch, FL** Zip Code **33441**

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 *Serena E. Scarry*

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	PD	<input type="checkbox"/> Delete
NAME	SCARRY, JAMES A	
STREET ADDRESS	733 SE 10TH TERR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCARRY, RUSSELL J	
STREET ADDRESS	733 SE 10TH TERR	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCARRY, SERENA E	
STREET ADDRESS	733 SE 10TH TERR	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARRY SERENA E.	
STREET ADDRESS	733 S.E. 10TH TERRACE	
CITY-ST-ZIP	DEERFIELD Bch, Fla	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARRY, RUSSELL J.	
STREET ADDRESS	733 S.E. 10TH TERRACE	
CITY-ST-ZIP	DEERFIELD Bch, Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Serena E. Scarry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 (954) 421-0488
 Date Daytime Phone #

CR2E034 (9/99)