

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90154 026 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000090185

1. Entity Name

PHILLIPS FIRE SPRINKLERS, INC.

Principal Place of Business

1840 N. COMMERCE PKWY.

BAY #1

WESTON FL

US

Mailing Address

1840 N. COMMERCE PKWY.

BAY #1

WESTON FL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0629588

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

MUCCI, MARK S

C/O BENSON, MOYLE & CHAMBERS

ONE FINANCIAL PLAZA, SUITE 1600

FT LAUDERDALE FL 33394

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	PHILLIPS, ROBERT H	11464 NW 41ST ST	CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	PHILLIPS, MARK	7510 NW 40TH ST	CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	KUNTZ, STANLEY	1245 EUCLID AVE #8	MIAMI BEACH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MUNOZ, GLORIA M	2318 N.W. 119 AVE	HOLLYWOOD FL 33029	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (4/02)

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

8/15/02