

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046575

1. Entity Name

FIREPROOF FOOD SYSTEMS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90134 044 \*\*\*150.00

Principal Place of Business

Mailing Address

9850-5 SAN JOSE BLVD.  
 JACKSONVILLE FL 32257  
 US

9850-5 SAN JOSE BLVD.  
 JACKSONVILLE FL 32257-5495  
 US

2. Principal Place of Business

3410 Kori Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

3410 Kori Rd.  
 Suite, Apt. #, etc.

City & State

Jacksonville, FL  
 Zip 32257  
 Country USA

City & State

Jacksonville, FL  
 Zip 32257  
 Country USA

4. FEI Number

59-3383058

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

HARRIS, KELLY F  
 11782 WORDSWORTH COURT  
 JACKSONVILLE FL 32223

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 P  
 NAME HARRIS, KELLY F  
 STREET ADDRESS 11782 WORDSWORTH COURT  
 CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

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

TITLE T  
 NAME JOOST, STEPHEN C.  
 STREET ADDRESS 3410 KORI ROAD  
 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE VP  
 NAME SORENSEN, ROBIN  
 STREET ADDRESS 9850-5 SAN JOSE BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE  
 NAME Robin Sorensen  
 STREET ADDRESS 3410 Kori Rd.  
 CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)