## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P96000093485 **DOCUMENT #**

1. Entity Name



**FILED** Mar 05, 2003 8:00 am Secretary of State
03-05-2003 90063 030 \*\*\*150.00

Zip Country Zip Country 6. Certificate of Status Desired   \$8.75 Addotonal Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  Street Addre	FIRE API	PARATUS REPAIR, INC.						
Suite, Apt. 4, etc.   City & State   City & City & State   City &	2423 WILDWOOD COURT		2423 WILDWOOD COURT					
Suite, Apt. 4, etc.   City & State   City & City & State   City &								
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & City & State   City & State   City & City & State   City & Cit	2. Principal	Place of Business	3. Mailing Address					
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		_		•
Zip Country Zip Country S. Carificate of Status Deeled S. S. Addiscoal Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required  7. Name and Address of New Registered Agent Name  Street Address (Po. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and ac the public public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of registered agent, or both, in the State of Forida. I am familiar with, and ac the public of Public of Registered Agent synthesis agent accepts agent and accepts agent a							E IF MAKING CHANGE	ES
STEGER, DAVID E 2423 WILDWOOD COÜRT WINTER HAVEN FL 33884  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fronda. I am familiar with, and ac the obligations of registered agent.  SIGNATURE Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registored Agent  Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registored Agent  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 Fronda. I am familiar with, and ac the obligations of registered agent.  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 Fronda. I am familiar with, and ac the obligations of registered agent.  8. Signature is noted general order of repotenced agent and address of registered agent. Or both, in the State of Fronda. I am familiar with, and ac the obligations of registered agent.  8. Signature is noted general order of repotenced agent and address of registered agent. Or both, in the State of Fronda. I am familiar with, and ac the obligation of registered agent. Or both, in the State of Fronda. I am familiar with, and ac the obligation of registered agent. Or both, in the State of Fronda. I am familiar with, and ac the obligation of registered agent. Or both, in the State of Fronda. I am familiar with, and acceptable to Fronda and acceptable of Fronda and acce	City & State City & State					4. FEI Number 65-071926	υ <del>⊢</del>	Applied For Not Applicable
STEGER, DAVID E 2423 WILDWOOD COÜRT WINTER HAVEN FL 33884  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and so the obligations of registering agent.  SIGNATURE  SIGNATUR	Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 A	Additional
STEGER, DAVID E 2423 WILDWOOD COÜRT WINTER HAVEN FL 33884  City FL   City FL   Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familier with, and active obligations of registering agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  INVESTMENT ADDRESS  STEEGER, DAVID E 2423 WILDWOOD CT  WINTER HAVEN FL 33884  Delete  TILE  NAME  STEEGER, SANDRA C 2423 WILDWOOD CT  WINTER HAVEN FL 33884  Delete  TILE  NAME  STEET ADDRESS  CITY-ST-2P  TILE  STEET ADDRESS  CIT		6. Name and Address of Current	Registered Agent			7. Name and Address of New	· ·	red
Street Address (P.O. Box Number is Not Acceptable)    Value				Name				
WINTER HAVEN FL 33884  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 act the obligations of registering dispress name of inspatient spent and title fapilication.    SIGNATURE			Street Address		ddress (P.0	O. Box Number is Not Acceptab	le)	
City   FL   Zip Code				<del></del>				•
R. 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 act the obligations of registered agent.  SIGNATURE		· ·		City				<del></del>
THE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  STEGER, DAVID E 4223 WILDWOOD CT  WINTERHAVEN FL 33884  TITLE  TITLE  NAME  STEGER, SANDRA C  STEGER ADDRESS  CITY-ST-ZIP  TITLE  NAME  STEGER ADDRESS  CITY-ST-ZIP  TITLE  STEGER ADDRESS  TITLE ADDRESS  TITLE ADDRESS  CITY-ST-ZIP  TITLE  STEGER ADD		1000	· · · · · · · · · · · · · · · · · · ·	'			F L   '	1
FILE NOW!!! SEE IS \$150.00  After May 1, 2009: Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	<ol> <li>The above the obligation</li> </ol>	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	egistered office or	registered	d agent, or both, in the State of F	lorida. I am familiar wit	h, and accept
FILE NOW!!! SEE IS \$150.00  After May 1, 2009: Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	alotutuse.							,
TILE NOW!!! FEE IS \$150.00 After May 1, 2009; Fee will be \$550.00 Make Check  10.	SIGNATURE	Signature, typed or grinted name of registered agent	and title if applicable. (NOTE:	Registered Agent signatur	re required wh	nen reinstating)	DATE	<del></del>
After May 1, 2003* Fee will be \$550.00 Make Check Payable to Florida Department of State  10.				**			*****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	Afte	r May 1, 2003 Fee will be \$550.00	State				~ <u>~</u> ~~.	
TITLE NAME STEGER, DÂVID E STEGER ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
STREET ADDRESS CITY-ST-ZIP TILLE TIL			☐ Delete	TITLE				
CITY-ST-ZIP  WINTERHAVEN FL 33884  CITY-ST-ZIP  TITLE NAME STEGER, SANDRA C 2423 WILDWOOD CT WINTER HAVEN FL 33884  TITLE NAME STREET ADDRESS CITY-ST-ZIP								!
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								J
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	I =	☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP   WINTER HAVEN FL 33884								}
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_		_	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP            TITLE         Delete           NAME         STREET ADDRESS           CITY-ST-ZIP         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP							_ ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	<del></del>			Channe	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP				NAME	•		ondago	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Adv					٠.			}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Obelete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCITY-ST-ZIP OCITY-ST-ZIP OCITY-ST-ZIP OCITY-ST-ZIP OCITY-ST-ZIP OCITY-ST-ZIP		, ,	□ Delete				Chrono	Addition
CITY-ST-ZIP         CITY-ST-ZIP          TITLE         Delete         TITLE          Change         Add           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP <td< td=""><td>NAME</td><td></td><td>. Delete</td><td></td><td></td><td></td><td>□ Change</td><td></td></td<>	NAME		. Delete				□ Change	
TITLE								
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			П от					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			∟ Delete		٠.		∐ Change	☐ Addition (
				STREET ADDRESS			•	
12. Thereby certify that the information supplied with this filling done not qualify for the examption etotod in Cooling 110 07/29/9. Fletide Contract I/ 19 17/29/9.		portify that the information and the last	AL :- 616 4	<b>.</b>				

indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. ient with an address, with all other like empowered.

**SIGNATURE:** 

863-318-1665