

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095525

1. Entity Name

ALLSTATES FIRE PROTECTION, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90062 007 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1380 - 15th Street West

3. Mailing Address

1380 - 15th Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

4. FEI Number

65-0725862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GERSON, GARY N.

1645 Palm Beach Lakes Blvd., Ste. 1200

West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name

FRY, J. MARSHALL

Street Address (P.O. Box Number is Not Acceptable)

1051 Nokomis Street

City

Clearwater

FL

Zip Code

33755

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

J. Marshall Frv. R.A.

3/20/00

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 D/P ☐ Delete

NAME DESILVA, ROBERT

STREET ADDRESS 1380 15th St. West

CITY-ST-ZIP Riviera Beach, FL 33404

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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CITY-ST-ZIP

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

Robert DeSilva, Pres. X

Date

Daytime Phone #

3/27/00

(561)842-8880

CR2E034 (9/99)