

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000010229**
 1. Entity Name **CENTURY FIRE PROTECTION INC.**

FILED

01 APR -4 AM 9:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**4201 POINSETTIA DR
ST PETE BEACH, FL
33706**

2. Principal Place of Business **ABOVE**
 Suite, Apt. #, etc.

3. Mailing Address **ABOVE**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

99-01

City & State **ST PETE FL**
 Zip **33706** Country

City & State **ST PETE**
 Zip Country

4. FEI Number **59-3435007**
 Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOE VILLARI 4201 POINSETTIA DR. ST. PETE
MONICA VILLARI 4201 POINSETTIA DR. ST. PETE

7. Name and Address of New Registered Agent
 Name **JOE VILLARI**
 Street Address (P.O. Box Number is Not Acceptable)
4201 Poinsettia Dr
 City **ST PETE BEACH FL** Zip Code **33706**

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  DATE
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOE VILLARI 4201 POINSETTIA DR. ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MONICA VILLARI 4201 POINSETTIA DR ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004036222 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/20/01--01102--004 ****476.25 ****476.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JOE VILLARI** **01/31/01** **(727) 322-1715**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)