

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012717

1. Entity Name

EAGLE FIRE SPRINKLERS, INC.

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

04-26-2000 90163 039 \*\*\*150.00

Principal Place of Business

Mailing Address

6340 ARC WAY  
FORT MYERS FL 33907  
US

6340 ARC WAY  
FORT MYERS FL 33912-1347  
US

2. Principal Place of Business

6340 ARC WAY

Suite, Apt. #, etc.

3. Mailing Address

6340 ARC WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FLORIDA

Zip

33912

Country

USA

City & State

FT. MYERS, FLORIDA

Zip

33912

Country

USA

4. FEI Number

65-0727434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, MARGUERITE

602 CENTER RD

FORT MYERS FL 33907

33912

7. Name and Address of New Registered Agent.

Name

JONES, MARGUERITE

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

6340 ARC WAY

City

FORT MYERS

FL

Zip Code

33912

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JONES, MARGUERITE  
CITY-ST-ZIP 803 LUCIA DR  
PUNTA GORDA FL 33950

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JONES, RICHARD F  
CITY-ST-ZIP 803 LUCIA DRIVE  
PUNTA FORDA FL 33950

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ADKINS, WILLIAM J  
CITY-ST-ZIP 28 CABELLO ST  
PT CHARLOTTE FL 33983

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Marguerite Jones Pres Marguerite Jones 4/11/2000 936-5826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)