2003 FOR PROFIT CORPORATION

Jan 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P97000027036 DOCUMENT # 1. Entity Name 01-31-2003 90380 043 ***150.00 FIDRAT FIRE & SYSTEMS, INC. Principal Place of Business Mailing Address 10631-D SOUTHWEST 113 PLACE 10631-D SOUTHWEST 113 PLACE MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address <u>10701 SW 113PLI</u> 10701 SW 113 PL. Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0737338 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARDIF, MARK Street Address (P.O. Box Number is Not Acceptable) 10631D SW 113 PL MIAMI FL 33176 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 accept the obligations of registered agent title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT MILÈ TITLE Change ☐ Addition ☐ Delete MARK TARDIF TARDIF, MARK J NAME NAME 10701 SW 113 PL STREET ADDRESS 10631-D SOUTHWEST 113 PLACE STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an

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