2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am[§] Secretary of State DOCUMENT # **P97000028794** 1. Entity Name 05-29-2001 90002 043 ***150.00 H TRENT ELSON UNDERGROUND SPRINKLER SYSTEM INC. Principal Place of Business Mailing Address 3715 SOUTEL DRIVE 3715 SOUTEL DRIVE U U U 4 U 5 JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3444156 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box èee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRENT, H Street Address (P.O. Box Number is Not Acceptable) **3715 SOUTEL DRIVE** JACKSONVILLE FL 32208 City Zip Code 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. (NOT Registered Agent signature required when reinstating) DATE FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TRENT, HAZELL L JR NAME STREET ADDRESS STREET ADDRESS 1717 EAST 22ND ŞT CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete TITLE Change ☐ Addition TITLE NAME TRENT, VERNELL STREET ADDRESS STREET ADDRESS 3715 SOUTEL DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 Change ☐ Addition TITLE TITLE □ Delete NAME NAME DELANOE, TRENT STREET ADDRESS STREET ADDRESS 1454 CLYDE STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 TITLE ☐ Change Addition ☐ Delete TITLE NAME TRENT, SHIRLY A NAME STREET ADDRESS STREET ADDRESS 9234 4TH AVE CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32208 VΡ ☐ Delete Addition TITLE ☐ Change THUE TRENT, FRANCARLY NAME NAME STREET ADORESS 1454 CLYDE STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE FL 32208 TITLE ☐ Delete TITLE Change Addition HAZELL, TRENT MALI NAME STREET ADDRESS 3715 SOUTEL DR STREET ADDRESS

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 n / 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

JACKSONVILLE FL 32208

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