

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90156 036 \*\*\*150.00

DOCUMENT # **P97000030448**

Entity Name  
**PAGE COAST FIRE AND SAFETY, INC.**

Principal Place of Business

**457 CHENEY HIGHWAY  
 TITUSVILLE FL 32780**

Mailing Address

**2457 CHENEY HIGHWAY  
 TITUSVILLE FL 32780**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**739 Scallop Dr.**

Suite, Apt. #, etc.

**Unit 59**

City & State

**Cape Canaveral, FL**

Zip  
**32920**

Country  
**U.S.**

3. Mailing Address

**739 Scallop Dr.**

Suite, Apt. #, etc.

**Unit 59**

City & State

**Cape Canaveral, FL**

Zip  
**32920**

Country  
**U.S.**

4. FEI Number **59-3444060**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPINA, TOM**

**2457 CHENEY HIGHWAY  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name  
**Tom Spina**

Street Address (P.O. Box Number is Not Acceptable)  
**739 Scallop Dr. Unit 59**

City  
**Cape Canaveral**

**FL**

Zip Code  
**32920**

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

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, 2002 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**

OFFICERS AND DIRECTORS

FILE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>SPINA, TOM</b>	
CITY-ST-ZIP	<b>2457 CHENEY HIGHWAY TITUSVILLE FL 32780</b>	
FILE NAME	<b>President</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>Spina, Tom</b>	
CITY-ST-ZIP	<b>739 Scallop Dr. Unit 59 Cape Canaveral, FL 32920</b>	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/02**

**321 283-1040**

CR2E034 (9/01)