

2001 UNIFORM BUSINESS REPORT (UBR)

5/3/1

FILED
May 30, 2001 8:00 am
Secretary of State

05-03-2001 90003 014 ***150.00

DOCUMENT # P97000050238

1. Entity Name
FIREQUIP, INC.

Principal Place of Business
13740 LAKE POINT CT
PORT CHARLOTTE FL 33953
4340 Cape Haze Dr.
Placida FL
33946

Mailing Address
P.O. BOX 1357
BOCA GRANDE FL 33921

2. Principal Place of Business
4340 Cape Haze Dr.
 Suite, Apt. #, etc.

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

City & State
Placida FL

City & State
 City & State

Zip
33946

Country
USA

Zip
 Zip

Country
 Country

4. FEI Number **56-2040523**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEMAINE, JAMES D
13740 LAKE POINT CT
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name **Mark H. Spracklin**
 Street Address (P.O. Box Number is Not Acceptable)
4340 Cape Haze Dr.
 City **Placida** **33946**

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 **Mark H. Spracklin** **Mark H. Spracklin** **23 Mar 01**
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) 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, 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	<input type="checkbox"/> Delete
PD	DEMAINE, JOHN C	569 BUTTONWOOD BAY DR	BOCA GRANDE FL 33921	<input type="checkbox"/>
VSTD	DEMAINE, JAMES D	13740 LAKE POINT CT	PORT CHARLOTTE FL 33953	<input checked="" type="checkbox"/>
MD	SPRACKLIN, MARK H	4340 CAPE HAZE DR	PLACIDA FL 33946	<input type="checkbox"/>
Manager	Lois D. Spracklin	4340 Cape Haze Dr.	Placida FL 33946	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Manager MD	Lois D. Spracklin	4340 Cape Haze Dr.	Placida FL 33946	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Mark H. Spracklin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Mar 01
 Date

941/964-0708
 Toll-Free Phone #

CR2E034 (10/00)