

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90352 001 ***300.00

0037442

DOCUMENT # P97000056689

1. Entity Name
GULF COAST FIRE SYSTEMS, INC.

Principal Place of Business
**6329 U.S. HIGHWAY 301 SOUTH
 RIVERVIEW FL 33569**

Mailing Address
**6329 U.S. HIGHWAY 301 SOUTH
 RIVERVIEW FL 33569**

2. Principal Place of Business
6657 U.S. 301 South
 Suite, Apt. #, etc.

3. Mailing Address
6657 U. S. 301 South
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Riverview, FL
 Zip
33569
 Country
USA

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Riverview, FL
 Zip
33569
 Country
USA

4. FEI Number **59-3459158**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURCH, ROBERT L
~~6329 U.S. HIGHWAY 301 SOUTH~~ **6657 US 301 South**
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 **Robert L. Burch**
Signature, typed or printed name of registered agent and title if applicable.

Robert L. Burch

4/24/01

(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, 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 **D** ☐ Delete
 NAME **BURCH, ROBERT L**
 STREET ADDRESS ~~6329 U.S. HWY 301 S~~ **6657 US 301 South**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Delete
 NAME **BURCH, KATHRYN E**
 STREET ADDRESS ~~6329 U.S. HWY 301 S~~ **6657 US 301 South**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
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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: **Robert L. Burch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
Date

813-671-3733
Daytime Phone #

CR2E034 (10/00)