

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059545

1. Entity Name

SOUTHWEST FIRE PROTECTION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90079 036 ***150.00

Principal Place of Business

Mailing Address

2730 WORTH AVE
ENGLEWOOD FL 34224-9748

2730 WORTH AVE
ENGLEWOOD FL 34224-9748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0764607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANO, JOSEPH
51 PAR VIEW TERRACE
ROTONDA WEST FL 33947

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, JOSEPH		NAME	
STREET ADDRESS	51 PAR VIEW TERRACE		STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP	
TITLE	VICE PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MILLER		NAME	
STREET ADDRESS	2378 PAPAS TERRACE		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY L. PORTER		NAME	
STREET ADDRESS	16270 BENTWOOD PALM DRIVE		STREET ADDRESS	
CITY-ST-ZIP	35. MYERS, FL 33908		CITY-ST-ZIP	
TITLE	TREAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID McHUGH		NAME	
STREET ADDRESS	76 LAKEVIEW LANE		STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 33223		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Giordano

2/20/00

941-474-4474

CR2E034 (9/99)