	^	PLEASE READ	ALL INST	RUCTI	ONS BEFORE C	OMPLETI	NG THIS FORM.	101)	
APF REIN	FOF S A		VE	Kather Sureta	RTMENT OF STATE ine Harris iry of State corporations		HEED	1000	
DOCUMENT# P9800000420						00 NOV -8 PM 3: 53			
1. Corporation Name						SEGRETARY OF STATE TALL'AHASSEE: FLORIDA			
ACE FIRE SPRINKLER, INC.						TALLY	THASSEL, LEGIOL		
Principal Place of Business Mailing A				ling Address				(C 8)4(8 (1813 88) 1881	
410 NORTH HOLLYWOO	I 60TH WAY DD F: 33024			2182 MONTPELIAR WESTON FL 33326					
	incorrect in any way, line Address, If Applicable		gh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/05/1998			
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.				Applied For	
City & State			City & State			65-0804210 Not Applicable		1 1	
Zip		Country	Zip		Country			dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/officers Title(s) 1 2			nd/or Director (Flo	or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo			h		
PSTD SIMPSON, GUY R				410 NORTH 60TH WAY			HOLLYWOOD F; 33024		
					8000034855587 -12/05/0001011022 ****150.00 ****150.00				
			<u> </u>				LS		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
						Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE					Suite, Apt. #, Etc.	Suite, Apt, #, Etc.			
CORAL GABLES FL 33134					City				
10. I, being	appointed t	he registered agent of the a	above named corpo	oration, am 1	familiar with and accept the ob	bligations of Secti	FL on 607.0505, F.S.		
Signature o Registered		8.0N/	REGISTERED AG		SIGN SIGN		Date		
this rein owed by	istatement al y the corpora application is	polication, the reason for di ation have been paid and the true and accurate, and my	issolution has been ne names of individ y signature shall ha	eliminated, luals listed d eve the same	the corporate name satisfies on this form do not qualify for a legal effect as if made under	the requirements an exemption un-	apter 607 or 617, F.S. I further certic of section 607.0401 or 617.0401, der section 119.07(3)(i), F.S. The i	F.S. that all fees	
	•	SIGNATURE AND TYPED OF	PRINTED NAME OF	SIGNING OFF	FICER OR DIRECTOR		∪are Uaytime	r FRONE #	

DRU D. LASHBROOK & ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS

2012

Dru D. Lashbrook, CPA Brian H, Wollard, CPA David J. Fasano, CPA,MBA Dean R. Lashbrook Member of the Florida Institute of Certified Public Accountants

4481 Stirling Road Fort Lauderdale, Florida 33314 Telephone: (954) 581-8112 Fax: (954) 581-2554 lashbrook@lbrook. com

November 3, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Ace Fire Sprinkler, Inc.
Document # P98000000420
EIN# 65-0804210

To Whom It May Concern:

We are the Certified Public Accountants for the above referenced corporation. Enclosed please find the 2000 Uniform Business report for the above referenced taxpayer. The taxpayer received this 2nd notice and contacted the State. They never received the original report and were told to mail this report with a check for \$150.00 immediately.

Enclosed please find the signed report and check requested. Thank you for your assistance in this matter, and if you should have any questions please contact our office.

Sincerely,

DRU D. LASHBROOK & ASSOCIATES, P.A.

Dru D. Lashbrook, CPA,

for the firm

DDL/keb Enc.