


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 041 ***150.00

DOCUMENT # <u>P98000047886</u>	
1. Entity Name <u>EDWARD'S SPRINKLERS INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3715 NW 113 AVE</u> Suite, Apt. #, etc. <u>N/A</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>CORAL SPRINGS, FL</u>		City & State <u>N/A</u>	
Zip <u>33065</u>	Country <u>USA</u>	Zip <u>N/A</u>	Country <u>N/A</u>

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>STEVEN M HARRIGAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3715 NW 113 AVE</u> City <u>CORAL SPRINGS</u> <u>FL</u> Zip Code <u>33065</u>		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE STEVEN HARRIGAN 1/4/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/ STEVEN M HARRIGAN</u> <u>3715 NW 113 AVE</u> <u>CORAL SPRINGS, FL 33065</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/H/ KATHRYN HARRIGAN</u> <u>3715 NW 113 AVE</u> <u>CORAL SPRINGS, FL 33065</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M/ DAVID HARRIGAN</u> <u>3715 NW 113 AVE</u> <u>CORAL SPRINGS, FL 33065</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address and all other like empowered.

SIGNATURE: STEVEN M HARRIGAN 1/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)