

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026133

1. Entity Name

ALL SYSTEMS GO SPRINKLER, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90397 048 ***158.75

Principal Place of Business

Mailing Address

1137 WYOMING AVENUE
FORT LAUDERDALE FL 33312

1137 WYOMING AVENUE
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

1137 Wyoming Ave.
Suite, Apt. #, etc.

1137 Wyoming Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Lauderdale Florida

Fort Lauderdale Florida

Zip

Country

33312

Broward

Zip

Country

33312

Broward

4. FEI Number

65-0924304

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

CONE, WILLIAM J ESQ.
514 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE FL 33301

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

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

02/10/2001

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCORMICK, JERRY
STREET ADDRESS 1137 WYOMING AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312



TITLE VTD
NAME SHORTER, WILLIS
STREET ADDRESS 1137 WYOMING AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



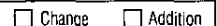
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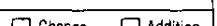
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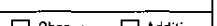
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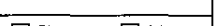
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

William J Cone Jr
Signature and typed or printed name of signing officer or director

02/10/2001

Date

(954) 804-4894

Daytime Phone #

CR2E034 (10/00)