

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90193 008 \*\*\*158.75

**DOCUMENT # P99000026133**

1. Entity Name

**ALL SYSTEMS GO SPRINKLER, INC.**

Principal Place of Business

**1137 WYOMING AVENUE  
 FORT LAUDERDALE FL 33312**

Mailing Address

**1137 WYOMING AVENUE  
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

*1137 Wyoming Avenue*  
 Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

*Fort Lauderdale Florida*

Zip  
*33312*

Country  
*Broward*

City & State

*Fort Land. Florida*

Zip  
*33312*

Country  
*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

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

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

*William J. Cone Jr.*

*William J. Cone Jr.*

*1/28/2002*

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 MCCORMICK, JERRY  
 1137 WYOMING AVENUE  
 FORT LAUDERDALE FL 33312** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

*W. McCormick*

Date

Daytime Phone #

CR2E034 (9/01)