2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

RINTED NAME OF SIGN

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P9900061371 OUTSOURCE FIRE, INC. 04-25-2000 90053 026 ***150.00 Principal Place of Business Mailing Address 2600 S.E. 40TH STREET 2600 S.E. 40TH STREET OCALA FL 34480-5789 OCALA FL 34480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3597122 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Norton atherine MCCARTHY, JAMES H JR. Street Address (P.O. Box Number is Not Acceptable) 5024 NW 27TH COURT **GAINESVILLE FL 32606** in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVST** Change ☐ Addition ☐ Delete TITLE TITLE WEIGLE, JAMES J JR. NAME NAME 2600 SOUTHEAST 40TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCALA FL 34480 ☐ Change ☐ Addition □ Delete TITLE WEIGLE, JAMES J JR. NAME NAME STREET ADDRESS 2600 SOUTHEAST 40TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEIGLE, SUSAN M NAME NAME STREET ADDRESS 2600 SOUTHEAST 40TH STREET STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

17.2000