

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 014 ***150.00



659638

DO NOT WRITE IN THIS SPACE

DOCUMENT #
1. Entity Name
OUTSOURCE FIRE, INC.

Principal Place of Business: 2600 S.E. 40th St., Ocala, FL 33480
Mailing Address: 2600 S.E. 40th St., Ocala, FL 33480

4. FEI Number: 59-3597122
Applied For: Not Applicable

5. Certificate of Status Desired: \$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent: Catherine M. Norton Brennan, 355 Burlleigh Street, Orlando, FL 32824
7. Name and Address of New Registered Agent: [Blank]

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: [Signature] (Name, last or partial name of registered agent and fee if applicable) (FCRF Registered Agent Signature required when applicable) (Date)

9. This corporation is eligible to elect to be treated as a small business for tax filing requirements and elects to do so. (See online on back)

10. Election Campaign Financing: \$5,000 May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: Weigle, James J. Jr. STREET ADDRESS: 2600 Southeast 40th Street CITY-ST-SP: Ocala, FL 34480	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Weigle, James J. Jr. STREET ADDRESS: 2600 Southeast 40th Street CITY-ST-SP: Ocala, FL 34480	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Weigle, Susan M. STREET ADDRESS: 2600 Southeast 40th Street CITY-ST-SP: Ocala, FL 34480	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(2)(b), 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; and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, title or other file information.

SIGNATURE: [Signature] James J. Weigle, Jr. 352-622-5992

CR20004 (1/00)