

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077320

1. Entity Name

ST. JAMES FIRE PROTECTION, INC.

Principal Place of Business

9517 BEAR LAKE ROAD
APOPKA FL 32703

Mailing Address

9517 BEAR LAKE ROAD
APOPKA FL 32703-1920

2. Principal Place of Business

413 OAK PLACE

3. Mailing Address

413 OAK PLACE

Suite, Apt. #, etc.

SUITE M E H

Suite, Apt. #, etc.

SUITE M E H

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32127

Country

VOLUSIA

Zip

32127

Country

VOLUSIA

6. Name and Address of Current Registered Agent

ZIELKE, JAMES W
9517 BEAR LAKE ROAD
APOPKA FL 32703

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

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, 2000 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 PD
NAME ZIELKE, JAMES W
STREET ADDRESS 9517 BEAR LAKE ROAD
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE STD
NAME MILLER, MAURICE
STREET ADDRESS 80 N. EDMON AVENUE
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete ADDRESS ONLY

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 STD
NAME Miller Maurice
STREET ADDRESS 441 S. North Lake Blvd
CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ADDRESS ONLY

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

904-219-1535

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90114 024 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)