2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000097921

DOCUMENT # 1. Entity Name

01-09-2003 90068 044 ***150.00

Jan 09, 2003 8:00 am Secretary of State

FILED

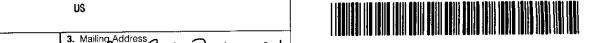
TRI-STATE LIFE SAFETY AND ELECTRIC SYSTEMS, INC.

Principal Place of Business 193 0 COON BRIDGE RD MURPHY NC 28906

US

Mailing Address

193 0 COON BRIDGE RD MURPHY NC 28906



3. Mailing Address 2. Principal Place of Business 430 Cook Bridge Re ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0987693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BELYEU, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 4700 SW 64TH AVENUE DAVIE FL 33314 Zip Code City se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named ntity submits this statement for the obligations of legislered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete BELYEU, BARBARA A NAME NAME 4700 SW 64TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE BELYEU, DANIEL W NAME NAME STREET ADDRESS 11829 SW 42ND COURT STREET ADDRESS CITY-ST-7IP DAVIE FL 33330 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE TEPAS, DONNA G NAME NAME STREET ADDRESS 1615 ARLINGTON DRIVE STREET ADDRESS CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME TEPAS, PAUL E 1615 ARLINGTON DRIVE STREET ADDRESS STREET ADDRESS LAKE CLARKE SHORES FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this lijing 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this property as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an add