

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S02721**

1. Entity Name

FIRST COAST FIRE SPRINKLERS, INC.**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90239 041 ***150.00

Principal Place of Business

**8863 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

Mailing Address

**8863 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256-1303**

2. Principal Place of Business

8963 Philips Highway

Suite, Apt. #, etc.

3. Mailing Address

8963 Philips Highway

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3027259

Applied For

Not Applicable

Zip

32256

Country

U.S.

Zip

32256

Country

U.S.5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, DONALD W.
8863 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8963 Philips Highway

City

Jacksonville**FL**Zip Code
32256

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.

Donald W. Stein President**04-11-00**

(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	PSTD	<input type="checkbox"/> Delete
NAME	STEIN, DONALD W.	
STREET ADDRESS	1187 PERREGRINE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	STEIN, TERESA J	
STREET ADDRESS	1187 PERREGRINE CIR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1211 Fruit Cove Terrace North	
CITY-ST-ZIP	Jacksonville, Fl. 32259	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1211 Fruit Cove Terrace North	
CITY-ST-ZIP	Jacksonville, Florida 32259	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, the empowered.

SIGNATURE:

Donald W. Stein President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04-11-00 (904) 363-3237**

Date

Daytime Phone #