

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02721

1. Entity Name

FIRST COAST FIRE SPRINKLERS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90144 017 ***150.00

Principal Place of Business

8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address

8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

2. Principal Place of Business

8963 Philips Highway

Suite, Apt. #, etc.

3. Mailing Address

8963 Philips Highway

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3027259

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, DONALD W.
8963 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

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.

Donald W. Stein President 04/16/01

(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, 2001 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
NAME STEIN, DONALD W. ☐ Delete
STREET ADDRESS 1211 FRUIT COVE TERR. N.
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE V
NAME STEIN, TERESA J ☐ Delete
STREET ADDRESS 1211 FRUIT COVE TERR. N.
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

President

Donald W. Stein 04-16-01 (904) 363-3237

Date

Daytime Phone #

CR2E034 (10/00)