

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S12748**

1. Entity Name

SUNSHINE STATE FIRE AND SAFETY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90430 012 ***150.00

Principal Place of Business

**1434 FLETCHER STREET
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 222303
HOLLYWOOD FL 33022**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0268329**

Applied for

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHOWSKI, WILLIAM J.
1434 FLETCHER STREET
HOLLYWOOD FL 33020**

Name

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

City

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 the filer (applicable)

(NOTE: Registered Agent's signature required when re-registering)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
WACHOWSKI, WILLIAM J.
1434 FLETCHER STREET
HOLLYWOOD FL 33020

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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: *William J. Wachowski* **WILLIAM J WACHOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

954-922-0354

Date

Phone Number

CR2E034 (10/00)