

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90648 002 ***150.00

DOCUMENT # S65084

1. Entity Name
A.A.C. UNITED FIRE & SAFETY EQUIPMENT, INC.



Principal Place of Business
305 SW 15 AVE
POMPANO BEACH FL 33069

Mailing Address
1512 SW 3 ST
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address
305 SW 15 AVE Pompano Beach FL 33069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach FL

Zip

Country

Zip

33069

Country

USA

4. FEI Number

65-0272739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CELESTINO, JAMES L.
1512 SW 3RD ST.
POMPANO BEACH FL 33069

Name

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

305 SW 15 AVE

City

Pompano Beach

FL

Zip Code

33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ANSELONA, GEORGE N.
1512 SW 3RD ST.
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
305 SW 15 AVE
Pompano Beach FL 33069 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CELESTINO, JAMES L.
3964 COCOPLUM CIR #E
COCONUT CREEK FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/03

(954) 942-7210

CR2E034 (10/02)