

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S72768

1. Entity Name
ASSOCIATED AUTOMATIC SPRINKLERS, INC.

R

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90176 043 ***163.75

Principal Place of Business

4028 ARROYO LANE
TAMPA FL 33624

Mailing Address

4028 ARROYO LANE
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3076869

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

MORRIS, LARRY G.
4028 ARROYO LANE
TAMPA FL 33624

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MORRIS, LARRY G.
STREET ADDRESS 4028 ARROYO LANE
CITY-ST-ZIP TAMPA FL 33624

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED: MORRIS, LARRY G. President 7-6-00 813-876-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



**Associated
Automatic
Sprinklers
INC.**

P.O. Box 340564
Tampa, FL 33694

(813) 876-3161

LIC. #012723000191

Attachment
07/06/2000
04 572768

07-06-2000

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: ASSOCIATED AUTOMATIC SPRINKLERS, INC.
4028 ARROYO LANE
TAMPA, FLORIDA 33624
DOCUMENT # S72768

Please find attached our 2000 uniform business report along with our check in the amount of \$ 163.75.

After speaking with a representative of the state, I was advised to attach a letter stating our conversation asking that the late fee be waived:

The 2nd notice was the only noticed received. We did not receive the 1st notice.

Our address has not changed and the 1st notice must have been lost in the mail.

Thanks

Larry G Morris
President

THE FINEST IN FIRE PROTECTION

ALL AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS AND OTHER CONDITIONS BEYOND OUR CONTROL.

ALL CONTRACTS ARE SUBJECT TO APPROVAL BY AN EXECUTIVE OF THE COMPANY. QUOTATIONS SUBJECT TO CHANGE WITHOUT NOTICE.