2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$97648

1. Entity Name

TANNER FIRE & SAFETY EQUIPMENT, INC.

Country

6. Name and Address of Current Registered Agent



FILED

Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90077 005 ***150.00

65-0303919

7. Name and Address of New Registered Agent

4. FEI Number

5. Certificate of Status Desired

☐ CHECK HERE IF MAKING CHANGES

JUNTOJJO

Applied For

\$8.75 Additional

Fee Required

☐ Change

Daytime Phone #

Addition

Not Applicable

Principal Place of Business 216 41ST AVENUE EAST BRADENTON FL 34208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with ar

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address 216 41ST AVENUE EAST BRADENTON FL 34208

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

LORIA, JOHN S. JR. 216 41ST AVENUE EAST BRADENTON FL 34208			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code	
the obligati	ons of registered agent.	·		r registered agent, or both, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: R	egistered Agent signature	ture 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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORIA, JOHN S. JR. 216 41ST AVENUE EAST BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE		- Delete	TITLE	☐ Change ☐ Addition	

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 received or together empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Country

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Name