

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48064 (2)

1. Corporation Name

UNIVERSAL FIRE SYSTEMS, INC.



Principal Place of Business

501 FALKENBURG RD S
#C11
TAMPA FL 33619
US

Mailing Address

501 FALKENBURG RD S
#C11
TAMPA FL 33619
US

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-3125912

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYO, ROBERT D.
1202 TECH BLVD
SUITE 202
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
Mayo, Robert D.
82 Street Address (P.O. Box Number is Not Acceptable)
501 Falkenburg Rd S.
83 Suite C11
84 City
Tampa FL 85 Zip Code
33619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-96

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	MAYO, ROBERT D.	STREET ADDRESS	4027 MCLANE DR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MAYO, THERESA R.	STREET ADDRESS	4027 MCLANE DR	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MAYO, ALBERT A.	STREET ADDRESS	11221 ST. ANDREWS CR.	CITY-STATE-ZIP	RIVERVIEW FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2617 Brooker Trace Lane
1.4 CITY-STATE-ZIP	Valrico, FL 33594
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2617 Brooker Trace Lane
2.4 CITY-STATE-ZIP	Valrico FL 33594
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-96 813-662-9200

CR2E034 (12/95)