

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V48064

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

2. Principal Place of Business

21 374 Hobbs Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 374 Hobbs Rd.  
Suite, Apt. #, etc.

City & State

23 Tampa FL  
Zip Country

City & State

28 Tampa FL  
Zip Country

24 33619 25

29 33619 30

9. Name and Address of Current Registered Agent

MAYO, ROBERT D.  
501 FALKENBURG ROAD SOUTH  
SUITE C-11  
TAMPA FL 33619

3. Date Incorporated or Qualified

07/07/1992

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 owes the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MAYO, ROBERT D.  
STREET ADDRESS 2617 BROOKER TRACE LANE  
CITY-ST-ZIP VALRICO FL

TITLE VP  
NAME TRUEBLOOD, RICHARD B  
STREET ADDRESS 1405 WINDEMERE AVE  
CITY-ST-ZIP LAKELAND FL

TITLE D  
NAME MAYO, ALBERT A.  
STREET ADDRESS 11221 ST. ANDREWS CR.  
CITY-ST-ZIP RIVERVIEW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Robert D. Mayo Robert D. Mayo 2-4-99 813.662-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90175 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)