

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V48064

1. Entity Name

UNIVERSAL FIRE SYSTEMS, INC.



Principal Place of Business

374 HOBBS RD.
TAMPA, FL 33619 US

Mailing Address

374 HOBBS RD.
TAMPA, FL 33619 US

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3125912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYO, ROBERT D.
374 HOBBS RD
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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

U000000058259
02/20/04-80022-014 150.00

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04

Date

Daytime Phone #

813-662-9200