

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004201

**Entity Name:** SUNLAND FIRE PROTECTION, INC.

**Current Principal Place of Business:**

1218 ELON PL  
HIGH POINT, NC 27263

**Current Mailing Address:**

1218 ELON PL  
HIGH POINT, NC 27263 US

**FEI Number:** 56-1213769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name HATFIELD, SCOTT  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title TREASURER  
Name LYDON, THOMAS A.  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title VP  
Name GENGLER, MIKE  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title CFO  
Name REES, JUDY  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title PRESIDENT  
Name JACKSON, CARL  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title DIRECTOR  
Name POLOVITZ, MARK  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title DIRECTOR  
Name GRUNAU, PAUL  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

Title ASSISTANT TREASURER  
Name POLOVITZ, MARK  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT HATFIELD

**ASSISTANT SECRETARY** 05/26/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name HATFIELD, SCOTT  
Address 1218 ELON PL  
City-State-Zip: HIGH POINT NC 27263