

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90016 046 ***150.00

DOCUMENT # F98000001817

1. Entity Name
SKAGGS PUBLIC SAFETY UNIFORMS & EQUIPMENT CO.

Principal Place of Business

**4364 EAST COLONIAL DR
 ORLANDO FL 32803**

Mailing Address

**SKAGGS PUBLIC SAFETY
 PO BOX 57560
 SALT LAKE CITY FL 84157**

00022100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1410470**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PCEO	SKAGGS, DON L	5290 S MAIN ST	MURRAY UT 84107	<input type="checkbox"/>
VCFO	JENSEN, H. CLAYNE	5290 S MAIN ST	MURRAY UT 84107	<input checked="" type="checkbox"/>
SD	MOOSMAN, GEORGE L	5290 S MAIN ST	MURRAY UT 84107	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PCEO	SKAGGS, Don L.	3828 S. Main St	SALT LAKE City, UT 84115	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP-CFO	Steve Sala	3828 S. Main St.	SALT LAKE City, UT 84115	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Jack Lunt	3828 S. Main St.	SALT LAKE City, UT 84115	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 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

3/19/01
Date

(801) 261-4400
Daytime Phone #

CR2E034 (10/00)