## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N97000007064 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** THE SAFETY MARKETING GROUP, INC. 01-28-2000 90099 007 \*\*\*\*61.25 Mailing Address Principal Place of Business 730 ATLANTIC AVENUE 730 ATLANTIC AVENUE ORMOND BEACH FL 32716 ORMOND BEACH FL 32176-7891 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. . . . . . Applied For City & State City & State 4. FEI Number 31-1229428 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) HARPER, RICHARD P 730 ATLANTIC AVENUE **ORMOND BEACH FL 32716** 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 or Markey Middle SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **X** Addition TITLE D TITLE X Delete MULHALL, ROB NAME NAME Michael Smeaton P.O.Box 1720 STREET ADDRESS STREET ADDRESS 901 MEREDITH WAY CITY-ST-ZIP 52809-1720 CITY-ST-ZIP SPARKS NV 89431 DAVENPORT, ☐ Change Addition D TITLE ☐ Delete TITLE WOODS, BARRY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 8686 CITY-ST-ZIP CITY-ST-ZIP **EMERYVILLE CA 94662** Delete ☐ Change Addition D TITLE TITLE GLADWISH, ROBERT SR NAME NAME STREET ADDRESS STREET ADDRESS 1166 MICHENER ROAD CITY-ST-ZIP CITY-ST-ZIP SARNIA, ONTARIO N7S 4B1 Change Addition D TIT) F TITLE Delete KINGMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 532 CITY-ST-7IP CITY-ST-ZIP STURBRIDGE MA 05166-0532 ☐ Addition Change TITLE Delete TITLE SVEC, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 939 EAST 62ND AVENUE CITY-ST-ZIP CITY-ST-ZIP **DENVER CO 80216** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HARPER, RICHARD NAME STREET ADDRESS STREET ADDRESS 730 S. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ag with all other like empowered.

SIGNATURE:

**ORMOND BEACH FL 32174**