

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90400 037 ***150.00

DOCUMENT # P02000095369

1. Entity Name
US SAFETY INC.



Principal Place of Business
**856 SOUTH TOWN & RIVER DRIVE
FORT MYERS FL 33919
US**

Mailing Address
**856 SOUTH TOWN & RIVER DRIVE
FORT MYERS FL 33919
US**

SAME

2. Principal Place of Business
2118 ARBOUR WALK CIRCLE #2823
Suite, Apt. #, etc.

3. Mailing Address
2118 ARBOUR WALK CIRCLE #2823
Suite, Apt. #, etc.

City & State
Naples

City & State
Naples

4. FEI Number
42-1550436

Applied For
Not Applicable

Zip
34109 Country
USA

Zip
34109 Country
USA

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

**SUBZDA, FRANK MR.
856 SOUTH TOWN & RIVER DRIVE
FORT MYERS FL 33919**

Name **(SAME) Frank Subzda**
Street Address (P.O. Box Number is Not Acceptable)
856 South Town & River Drive
City **Ft. Myers** FL Zip Code **33919**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KELSO, ELIZABETH A MS	
STREET ADDRESS	2118 ARBOUR WALK CIRCLE, #2823	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUBZDA, FRANK MR.	
STREET ADDRESS	856 SOUTH TOWN & RIVER DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SUBZDA, FRANK MR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 239/822-1252
Date Daytime Phone #

CR2E034 (10/02)