

02-10-2003 90437 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

30033282

DOCUMENT # P98000094594 1. Entity Name AMERICAN SAFETY COUNCIL, INC.		
Principal Place of Business 227 S. ORLANDO AVE SUITE 1-A WINTER PARK, FL 32789		Mailing Address PO BOX 1418 WINTER PARK, FL 32790 US
2. Principal Place of Business 5125 Adanson St. Suite, Apt. #, etc. Suite 500	3. Mailing Address 5125 Adanson St. Suite, Apt. #, etc. Suite 500	
City & State Orlando, FL Zip 32804	City & State Orlando, FL Zip 32804	4. FEI Number 59-3557657
5. Certificate of Status Desired <input type="checkbox"/>		Applied For - Not Applicable
6. Name and Address of Current Registered Agent PAGE, THOMAS P 227 S. ORLANDO AVE SUITE 1-A WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5125 Adanson St., Suite 500 City Orlando FL Zip Code 32804
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 		DATE
FILE NOW!!! FEE IS \$160.00 After May 11, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAGE, THOMAS P PO BOX 1418 WINTER PARK, FL 32790	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PROEHEL, ROBERT W BOX 1418 WINTER PARK, FL 32790	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PROEHEL, PATRICIA L P.O. BOX 1418 WINTER PARK, FL 32790	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		Date 2/7/03
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Thomas P. Page		Daytime Phone # 407-629-4811

CR2E034 (10/02)