

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91534 043 ***150.00

DOCUMENT # 531413

1. Entity Name

FLORIDA SAFETY EQUIPMENT COMPANY INC.

Principal Place of Business

**219 S W 21 ST TERRACE
 FORT LAUDERDALE FL 33312**

Mailing Address

**219 S W 21 ST TERRACE
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1737281

Applied For

Not Applicable

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

**STRACHER, LES
 6363 NW 6TH WAY
 SUITE 420
 FT. LAUDERDALE FL 33309**

Name **JOHN P. BRIA SR**
 Street Address (P.O. Box Number is Not Acceptable)

219 S.W. 21 Terr.
 City **Fort Laud** **FL** Zip Code **33312**

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 *John P. Bria*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02
 DATE

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, 2002 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 ☐ Delete
 NAME **ST**
 STREET ADDRESS **BRIA, JOHN P**
 CITY-ST-ZIP **3015 MEADOW LANE
 FORT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **BRIA, JOHN P**
 CITY-ST-ZIP **2200 S. Ocean LA #2005
 Fort Laud., FL. 33316**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BRIA, GEORGIANN**
 CITY-ST-ZIP **3015 MEADOW LANE
 FORT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **BRIA, GEORGIANN**
 CITY-ST-ZIP **2200 S. Ocean LA #2005
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 CITY-ST-ZIP

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:

John P. Bria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

Daytime Phone #

CR2E034 (9/01)