

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90158 031 ***150.00

DOCUMENT # 380584

1. Entity Name
SAFETY EQUIPMENT COMPANY, INC.

Principal Place of Business
**6507 N HARNEY ROAD
TAMPA, FL 33610-9595**

Mailing Address
**6507 N HARNEY ROAD
TAMPA, FL 33610-9595**

2. Principal Place of Business
946 Symphony Isles Blvd

3. Mailing Address
946 Symphony Isles Blvd

City & State
Apollo Beach FL

City & State
Apollo Beach FL

Zip
33572

Country
USA

Zip
33572

Country
USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRANNELL, DAVID J.
6507 N. HARNEY ROAD
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

Name
Richard H. Crannell

Street Address (P.O. Box Number Is Not Acceptable)
946 Symphony Isles Blvd.

City
Apollo Beach

FL

Zip Code
33572

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 **Richard H. Crannell** DATE **3/4/13**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARBRITTON, DAVID S. 6507 N HARNEY RD TAMPA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRANNELL, DAVID J. 6507 N HARNEY RD TAMPA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CRANNELL, RICHARD H. 6507 N HARNEY RD TAMPA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **Richard H. Crannell** DATE **3/4/13** DAYTIME PHONE # **8137659214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)