

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90021 029 ***150.00

DOCUMENT # 619710

1. Entity Name

JUDY SAFEWRIGHT TRAVEL CENTER, INC.

Principal Place of Business

201 NORTH OCEAN BLVD., APT. 1101
POMPANO BEACH FL 33062

Mailing Address

201 NORTH OCEAN BLVD., APT. 1101
POMPANO BEACH FL 33062

2. Principal Place of Business

709 N.W. WATERLILY PLACE

3. Mailing Address

709 N.W. WATERLILY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JENSEN BEACH, FL

City & State

JENSEN BEACH, FL4. FEI Number **59-1913817**

Applied For

Not Applicable

Zip

Country

34957**USA**

Zip

Country

34957**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

SAFEWRIGHT, JUDY

201 NORTH OCEAN BLVD

APT 1101

POMPANO BEACH FL 33062

Name

SAFEWRIGHT, JUDY

Street Address (P.O. Box Number is Not Acceptable)

709 N.W. WATERLILY PLACE

City

JENSEN BEACH

FL

Zip Code

34957

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

JUDY SAFEWRIGHT, PRESIDENT**4/10/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SAFEWRIGHT, JUDY	
STREET ADDRESS	201 N OCEAN BLVD #1101	
CITY-ST-ZIP	POMPANO BCH FL 33062	

TITLE	V	<input type="checkbox"/> Delete
NAME	SAFEWRIGHT, ORVAL	
STREET ADDRESS	749 SE 21 AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	

TITLE	ST	<input type="checkbox"/> Delete
NAME	SAFEWRIGHT, EVALYN	
STREET ADDRESS	749 S E 21 AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFEWRIGHT, JUDY	
STREET ADDRESS	709 N.W. WATERLILY PLACE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01 561-692-8100

Daytime Phone #

012357/5

CR2E034 (10/00)