

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90111 001 ***550.00

DOCUMENT # F02000001797

1. Entity Name

SAFEPRO USA INC.



Principal Place of Business

11497 COLUMBIA PARK DRIVE WEST
SUITE 9
JACKSONVILLE FL 32258

Mailing Address

11497 COLUMBIA PARK DRIVE WEST
SUITE 9
JACKSONVILLE FL 32258

44046900



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0875400

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILMOTH, DONALD B
C/O SAFEPRO USA, INC.
11497 COLUMBIA PARK DR., STE. B
JACKSONVILLE FL 32258

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PC	<input type="checkbox"/> Delete
NAME	KELLY, PATRICK C	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUANG, BOB	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUANG, SUN	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	TENG, NELSON	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SERAMUR, KEVIN	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILMOTH, DONALD B	
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #