

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0122394
AT

DOCUMENT # F02000001797

1. Entity Name
SAFEPRO USA INC.



FILED

03 SEP 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

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

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 71-0875400

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

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

Donald B Wilmoth

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

(NOTE: Registered Agent signature required when reinstating)

9/26/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME KELLY, PATRICK C
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE D
NAME HUANG, BOB
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE D
NAME HUANG, SUN
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE D
NAME TENG, NELSON
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE DT
NAME SERAMUR, KEVIN
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE D
NAME WILMOTH, DONALD B
STREET ADDRESS 11497 COLUMBIA PARK DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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)(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:

Donald B Wilmoth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)