

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95838

1. Entity Name

PRODUCT SAFETY ENGINEERING, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90030 041 ***158.75

Principal Place of Business

8052 N. 56TH ST.
TAMPA FL 33617

Mailing Address

8052 N. 56TH ST.
TAMPA FL 33617

2. Principal Place of Business

12955 BELLAMY BROTHERS BLVD.

3. Mailing Address

12955 BELLAMY BROTHERS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

City & State

DADE CITY, FLORIDA

4. FEI Number

59-2639462

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, DALE E.
612 EAGLE PL
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name
DALE E. BURNS
Street Address (P.O. Box Number is Not Acceptable)
11868 SKYLAKE PLACE
City
TEMPLE TERRACE FL Zip Code
33617

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 Dale E Burns, DALE G. BURNS, PRESIDENT 4-2-2001

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME BURNS, DALE E. ☐ Delete
STREET ADDRESS 11868 SKYLAKE PL
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE VPT
NAME WATKINS, HERBERT E. ☐ Delete
STREET ADDRESS 2906 BARRET AVE
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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: H. E. Watkins, HERBERT E. WATKINS, VPT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2001

Date

Daytime Phone #

352-588-2209 x-102

CR2E034 (10/00)