

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90188 030 ***150.00

DOCUMENT # K26293

1. Entity Name

PROFESSIONAL SAFETY, INC.

Principal Place of Business

% KEITH A. COLOMBO
100 EUSTON CT
ROYAL PALM BEACH FL 33411

Mailing Address

% KEITH A. COLOMBO
100 EUSTON CT
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

2319 PALM DEER DR

Suite, Apt. #, etc.

3. Mailing Address

2319 PALM DEER DR

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALESTINE

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALESTINE

4. FEI Number

65-0056880

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLOMBO, KEITH A.
100 EUSTON CT
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

2319 PALM DEER DR

City

LOXAHATCHEE

FL

Zip Code

33470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

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 ☐ Delete
NAME **D**
STREET ADDRESS **COLOMBO, KEITH A.**
CITY-ST-ZIP **100 EUSTON CT**
ROYAL PALM BCH FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLOMBO, LAURA V.**
CITY-ST-ZIP **100 EUSTON CT**
ROYAL PALM BCH FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELWELL, HOWARD A. JR**
CITY-ST-ZIP **12454 184TH COURT N.**
JUPITER 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2319 PALM DEER DR**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2319 PALM DEER DR**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

561-790-2050

Daytime Phone #

CR2E034 (10/00)