

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90008 044 ***158.75

DOCUMENT # K29137

1. Entity Name
OCCUPATIONAL SAFETY SERVICES, INC.

Principal Place of Business
9625 MAJESTIC WAY
BOYNTON BEACH FL 33437-3325

Mailing Address
9625 MAJESTIC WAY
BOYNTON BEACH FL 33437-3325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12956 MALLARD CREEK DR.
 Suite, Apt. #, etc.

3. Mailing Address
12956 MALLARD CRK. DR.
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL.
 Zip
33418

City & State
PALM Bch. GARDENS, FL.
 Zip
33418

4. FEI Number **65-0094173**
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAY, GARY
9625 MAJESTIC WAY
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name
GARY C. HAY
 Street Address (P.O. Box Number is Not Acceptable)
12956 MALLARD CREEK DRIVE
 City
PALM Bch. GARDENS FL Zip Code
33418

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 *Gary C Hay* **01/07/02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAY, GARY 9625 MAJESTIC WAY BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAY, GARY 12956 MALLARD CREEK DRIVE PALM BEACH GARDENS FL. 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GARY C. HAY* **1/7/02** **561 7756011**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)