

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49234

1. Entity Name

SAFE WAY CONCEPTS OF LAKE LAND, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90343 032 ***150.00

Principal Place of Business

2530 DAWN HEIGHTS
LAKE LAND FL 33801
US

Mailing Address

P.O. BOX 6990
LAKE LAND FL 33807
US

00042863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3904 Chevelly Dr E.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

4. FEI Number 59-2926176

Applied For

Not Application

Zip

33813

Country

Polk

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENSON, VERNON
106 ELM SQUARE SOUTH
LAKE LAND FL 33813

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

Vernon H Benson

4-23-01

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 PD
NAME BENSON, VERNON
STREET ADDRESS 106 ELM SQUARE SOUTH
CITY-ST-ZIP LAKE LAND FL ☐ Delete

TITLE D
NAME BENSON, NATHAN
STREET ADDRESS 446 LOUIS EDWARD CT
CITY-ST-ZIP LAKE LAND FL ☒ Delete

TITLE D
NAME BENDICKSON, SHAWN
STREET ADDRESS 6327 CHRISTINA GROVES CIRCLE WEST
CITY-ST-ZIP LAKE LAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 843-644-0245

CR2E034 (10/00)