

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93411

1. Entity Name

SAFELINE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90326 047 \*\*\*150.00

Principal Place of Business	Mailing Address
SAFELINE BUSINESS CENTER 6005 BENJAMIN ROAD TAMPA FL 33634	SAFELINE BUSINESS CENTER 6005 BENJAMIN ROAD TAMPA FL 33634-5103

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2950234	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL BANKER, P.A. 501 E. KENNEDY BLVD. STE. 1700 TAMPA FL 33602	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DC NAME BRAUNSCHEWEILER, LUKAS STREET ADDRESS 1900 POLARIS PKWY CITY-ST-ZIP COLUMBUS OH 43240 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DP NAME RIVERA, ANGELO STREET ADDRESS 6005 BENJAMIN RD CITY-ST-ZIP TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVPC NAME FRANKIEWICZ, DANIEL J STREET ADDRESS 6005 BENJAMIN RD CITY-ST-ZIP TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DS NAME STRAYER, BRIAN S STREET ADDRESS 1900 POLARIS PKWY CITY-ST-ZIP COLUMBUS OH 43240 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPF NAME CACCAMO, THOMAS W STREET ADDRESS 1900 POLARIS PKWY CITY-ST-ZIP COLUMBUS OH 43240 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE AVPT NAME FINN, THOMAS A STREET ADDRESS 1900 POLARIS PKWY CITY-ST-ZIP COLUMBIA OH 43240 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: DJ Frankiewicz 4-20-00 889-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)