

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90028 028 ***150.00

DOCUMENT # K93411

1. Entity Name

SAFELINE, INC.

Principal Place of Business

Mailing Address

SAFELINE BUSINESS CENTER
6005 BENJAMIN ROAD
TAMPA FL 33634

SAFELINE BUSINESS CENTER
6005 BENJAMIN ROAD
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2950234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME BRAUNSCHWEILER, LUKAS
STREET ADDRESS 1900 POLARIS PKWY
CITY-ST-ZIP COLUMBUS OH 43240 ☐ Delete

TITLE DP
NAME RIVERA, ANGELO
STREET ADDRESS 6005 BENJAMIN RD
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE DVPC
NAME FRANKIEWICZ, DANIEL J
STREET ADDRESS 6005 BENJAMIN RD
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE DS
NAME STRAYER, BRIAN S
STREET ADDRESS 1900 POLARIS PKWY
CITY-ST-ZIP COLUMBUS OH 43240 ☒ Delete

TITLE VPF
NAME CACCAMO, THOMAS W
STREET ADDRESS 1900 POLARIS PKWY
CITY-ST-ZIP COLUMBUS OH 43240 ☐ Delete

TITLE AVPT
NAME FINN, THOMAS A
STREET ADDRESS 1900 POLARIS PKWY
CITY-ST-ZIP COLUMBIA OH 43240 ☐ Delete

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

TITLE DS
NAME EDWARDS, PETER G
STREET ADDRESS 1900 POLARIS PARKWAY
CITY-ST-ZIP COLUMBUS, OH 43240 ☐ Change ☒ Addition

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

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

D.J. Frankiewicz

04-24-01

Date

(813) 889-9500

Daytime Phone #

CR2E034 (10/00)