

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90024 020 \*\*\*150.00

0246113

**DOCUMENT # L16621**

1. Entity Name  
**SAFETY PINS, INC.**

Principal Place of Business  
**4901 N. FEDERAL HIGHWAY**  
**FORT LAUDERDALE FL 33308**

Mailing Address  
**4901 N FEDERAL HWY**  
**SUITE 350**  
**FORT LAUDERDALE FL 33308**  
**US**

2. Principal Place of Business  
**5353 N FEDERAL HWY**

3. Mailing Address  
**5353 N FEDERAL HWY**

Suite, Apt. #, etc.  
**STE 204**

Suite, Apt. #, etc.  
**STE 204**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip Country  
**33308 US**

Zip Country  
**33308 US**

4. FEI Number **65-0057341**

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**

**DORER, ERIC**  
**30 NE 3RD ST**  
**FORT LAUDERDALE FL 33301**

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  
 NAME **D FRONRATH, GARY** ☐ Delete  
 STREET ADDRESS **4901 N. FEDERAL HIGHWAY**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **5353 N FEDERAL HWY STE 204**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE  
 NAME **D LANGILLE, JOHN D.** ☐ Delete  
 STREET ADDRESS **1909 N. OCEAN BLVD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **5353 N FEDERAL HWY STE 204**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE  
 NAME **S WILLIAMS, BARBARA** ☐ Delete  
 STREET ADDRESS **4901 N. FEDERAL HWY**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **5353 N FEDERAL HWY STE 204**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:** *Barbara Williams* **Barbara Williams, Secretary** **4/5/01** **954 489 3973**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)