

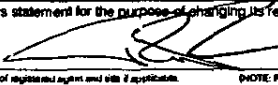
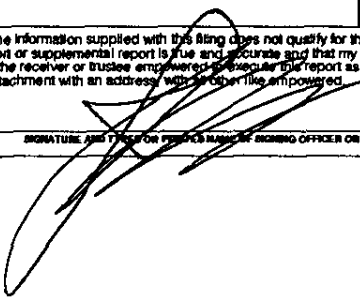
Page 1 of 2

FILED

03 SEP 25 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L59331			
1. Entity Name FLORIDA SAFEGUARD, INC.			
Principal Place of Business 13002 SW 133RD CT MIAMI, FL 33186 P O BOX 163343 MIAMI, FL 33116-343 US		Mailing Address 13002 SW 133RD CT MIAMI, FL 33186 P O BOX 163343 MIAMI, FL 33116-343 US	
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 65-0233508		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, ALFRED R 12790 SO. DIXIE HWY MIAMI, FL 33176		7. Name and Address of New Registered Agent Name PAUL PALMER Street Address (P.O. Box Number is Not Acceptable) 10400 S.W. 123 STREET City Miami FL Zip Code 33156	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  PAUL PALMER DATE 9/16/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting.)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WILHELM, JAMES A. 13002 SW 133RD CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WILHELM, MARGARET K. 13002 SW 133RD CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered. SIGNATURE:  J. Wilhelm DATE 9/16/03 Signature and Title of President, Manager, Managing Officer or Director			



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0233508** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMER, ALFRED R
12790 SO. DIXIE HWY
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name **PAUL PALMER**

Street Address (P.O. Box Number is Not Acceptable)

10400 S.W. 123 STREET

City **Miami**

FL

Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when submitting.)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF PRESIDENT, MANAGER, MANAGING OFFICER OR DIRECTOR

DATE

Daytime Phone #

03 SEP 25 PM 4:20

400023352004
09/25/03--01025--005 **150.00

TS

305-775-7888

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

September 16, 2003

Re: Florida Safeguard, Inc. - L59331

Dear Sirs:

Pursuant to 607.193(2)(b) FS, we never received the uniform business report from the Department of State, Division of Corporations for 2003, therefore we are requesting the waiver of the reinstatement fee.

Enclosed are the appropriate forms we downloaded for filing and reinstatement of our corporation.

Thank you for your assistance in this matter.

Sincerely,

James A. Wilhelm
President

Report