

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90142 045 ***150.00

DOCUMENT # L84358
1. Entity Name
SAFETY INTERNATIONAL CORP.

Principal Place of Business **Mailing Address**
160 LYMAN ROAD **P.O. BOX 18-2236**
CASSELBERRY FL 32707 **CASSELBERRY FL 32718**

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

Zip **Country** **Zip** **Country**
32707-2804 **32718-2236** **32718-2236**

6. Name and Address of Current Registered Agent
BOLUKBAS, GEORGE
1840 WINGFIELD DRIVE
LONGWOOD FL 32779

4. FEI Number **Applied For**
59-3015769 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL 32779-2707**

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 **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLUKBAS, GEORGE | NAME | |
| STREET ADDRESS | 1840 WINGFIELD DR | STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32779-2707 | CITY-ST-ZIP | 32779-2707 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BONNIE MANJURA | NAME | BONNIE MANJURA |
| STREET ADDRESS | 1840 WINGFIELD DR | STREET ADDRESS | 1840 WINGFIELD DR |
| CITY-ST-ZIP | LONGWOOD FL 32779-2707 | CITY-ST-ZIP | LONGWOOD, FL 32779-2707 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **1/3/2001** **47-830-0888**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)