

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

005614
AP

DOCUMENT.#. L99000002482

1. Entity Name
CITADEL SAFETY PRODUCTS, LLC

Principal Place of Business
180 BONAVENTURE BOULEVARD. #304
WESTON FL 33326

Mailing Address
180 BONAVENTURE BOULEVARD. #304
WESTON FL 33326-1498

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country

00 APR 24 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

4. FEI Number 65-0916863	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

WOODS, RYAN GERALD
180 BONAVENTURE BOULEVARD, #304
WESTON FL 33326

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003245235-6
-05/09/00-01097-018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WOODS, RYAN GERALD
180 BONAVENTURE BOULEVARD, #304
WESTON FL 33326

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/26/00

800-717-6400

Date

Daytime Phone #

CR2E083 (9/99)