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FILED
Jul 18, 2001 8:00 am
Secretary of State

05-10-2001 90179 006 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004752

1. Entity Name

SCHOOL SAFETY COALITION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 40422 ST. PETERSBURG FL 33743	POST OFFICE BOX 40422 ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 40422	PO BOX 40422
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, Fl	City & State: ST PETERSBURG, Fl
Zip: 33743 — Country: USA	Zip: 33743 — Country: USA

4. FEI Number → ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOYER, JAMES MICHAEL
15805 GULF BOULEVARD
REDINGTON BEACH FL 33708

7. Name and Address of New Registered Agent

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 ______ 6/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOSE MORALES (D) 1747 TINKER DRIVE LUTZ, Fl 33549	☐ Delete	DIRECTOR CARL McFARLAND (D) 3607 South Church AVE TAMPA, Fl 33629	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL MORRIS	☑ Delete	Director, EXECUTIVE James M. Joyer (D) 15805 Gulf BOULEVARD Redington Beach, Fl 33708	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M Joyer - REQUIRED 4/29/01 (727) 579-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #