

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

05-07-2003 90155 018 ****61.25

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1. Entity Name

CHILDREN'S SAFETY RESOURCE NETWORK, INC.

Principal Place of Business

2203 N LOIS AVE STE 700
TAMPA FL 33607

Mailing Address

2203 N LOIS AVE STE 700
TAMPA FL 33607

55055790

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

52-2390110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 4 ST
MIAMI BEACH FL 33139

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D SASSER, MARC D
STREET ADDRESS 2203 N LOIS AVE STE 700
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☐ Delete
D PRICE, ELIZABETH
STREET ADDRESS 2203 N LOIS AVE STE 700
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☒ Delete
D EDWARDS, MICHAEL
STREET ADDRESS 2203 N LOIS AVE STE 700
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☐ Delete
D Susan Bruno
STREET ADDRESS 2203 N. Lois Ave Ste 700
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
D
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

875-7774

Date

Daytime Phone #

CR2003 (10/02)