

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 004 ****61.25

DOCUMENT # N03000002262

1. Entity Name
SAFETY AND WELLNESS CONSULTANTS INC.



Principal Place of Business
21301 POWERLINE RD SUITE 309
BOCA RATON, FL 33433

Mailing Address
21301 POWERLINE RD SUITE 309
BOCA RATON, FL 33433



2. Principal Place of Business
2499 Glades Rd

3. Mailing Address
2499 Glades Rd

Suite, Apt. #, etc.
Suite 305B

Suite, Apt. #, etc.
Suite 305B

City & State
Boca Raton, FL

City & State
Boca Raton, FL

02272004 Chg-NP CR2E037 (10/03)

4. FEI Number
81-0604631

Applied For
Not Applicable

Zip
33431

Country

Zip
33431

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

L'ESTRANGE, BRIAN
10922 RAVEL COURT
BOCA RATON, FL 33498

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
L'ESTRANGE, BRIAN
10922 RAVEL COURT
BOCA RATON, FL 33498 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LESTRANGE, EILEEN DR.
215 ORTHODOX DR
RICHBORO, PA 18954 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHWARTZ, MARC
1500 HORIZON DR SUITE 120-D
NEW BRITIAN, PA 18901 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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 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

Brian L'Estrange

2/24/04 561-245-1253

Date

Daytime Phone #