

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11795

1. Entity Name

KEEPSAFE CENTER, INC.

Principal Place of Business

KEEPSAFE CENTER, INC.
JACKSONVILLE FL 32219
US

Mailing Address

5626 SOUTLE DR
JACKSONVILLE FL 32219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5626 Soutle Drive

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32219

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, MS. HERMONYONE
5626 SOUTLE DR
JACKSONVILLE FL 32219

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

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	V	<input type="checkbox"/> Delete
NAME	MORRISON, DR WENDELL	
STREET ADDRESS	5425 VERNA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, MARIAN	
STREET ADDRESS	3237 ERNEST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	P	<input type="checkbox"/> Delete
NAME	WELLS, JOHN	
STREET ADDRESS	604-6 NEW BERLIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEMMEL, DAVE	
STREET ADDRESS	1303 PULLEN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	M	<input type="checkbox"/> Delete
NAME	WALKER, HERMONNYONE	
STREET ADDRESS	1265 WILLARD LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOULWARE, JULIE	
STREET ADDRESS	4666 FREDERICKSBURG AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	Audrea WORTHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7528 Arlington Expy #1106	
STREET ADDRESS	Jacksonville, FL 32211	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

HERMONYONE WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

904-768-6456

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90307 019 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2607775

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

CR2E037 (9/01)