

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007064

1. Entity Name

THE SAFETY MARKETING GROUP, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90099 007 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
730 ATLANTIC AVENUE ORMOND BEACH FL 32716	730 ATLANTIC AVENUE ORMOND BEACH FL 32176-7891

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	Applied For
31-1229428	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, RICHARD P
730 ATLANTIC AVENUE
ORMOND BEACH FL 32716

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 _____ (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	
TITLE	D ☒ Delete
NAME	MULHALL, ROB
STREET ADDRESS	901 MEREDITH WAY
CITY-ST-ZIP	SPARKS NV 89431
TITLE	D ☐ Delete
NAME	WOODS, BARRY
STREET ADDRESS	PO BOX 8686
CITY-ST-ZIP	EMERYVILLE CA 94662
TITLE	D ☐ Delete
NAME	GLADWISH, ROBERT SR
STREET ADDRESS	1166 MICHENER ROAD
CITY-ST-ZIP	SARNIA, ONTARIO N7S 4B1
TITLE	D ☐ Delete
NAME	KINGMAN, ROBERT
STREET ADDRESS	PO BOX 532
CITY-ST-ZIP	STURBRIDGE MA 05166-0532
TITLE	D ☐ Delete
NAME	SVEC, JOHN
STREET ADDRESS	939 EAST 62ND AVENUE
CITY-ST-ZIP	DENVER CO 80216
TITLE	P ☐ Delete
NAME	HARPER, RICHARD
STREET ADDRESS	730 S. ATLANTIC AVENUE
CITY-ST-ZIP	ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Change ☒ Addition
NAME	Michael Smeaton
STREET ADDRESS	P.O.Box 1720
CITY-ST-ZIP	DAVENPORT, IA 52809-1720
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

Richard Harper REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

Daytime Phone #

CR2E037 (9/99)