

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90030 045 ****61.25

DOCUMENT # N97000007064

1. Entity Name

THE SAFETY MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

**730 ATLANTIC AVENUE
 SUITE 204
 ORMOND BEACH FL 32716**

**730 ATLANTIC AVENUE
 SUITE 204
 ORMOND BEACH FL 32716**

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

31-1229428

Applied For

Not Applicable

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

**HARPER, RICHARD P
 730 ATLANTIC AVENUE
 ORMOND BEACH FL 32716**

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 ☐ Delete
 NAME **D SMEATON, MICHAEL**
 STREET ADDRESS **PO BOX 1720**
 CITY-ST-ZIP **DAVENPORT IA 52809**

TITLE ☐ Change ☒ Addition
 NAME **D McKibben, Jack**
 STREET ADDRESS **PO BOX 3244**
 CITY-ST-ZIP **ERIE, PA 16508**

TITLE ☐ Delete
 NAME **D WOODS, BARRY**
 STREET ADDRESS **PO BOX 8686**
 CITY-ST-ZIP **EMERYVILLE CA 94662**

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

TITLE ☐ Delete
 NAME **D VORREUTER, KIM**
 STREET ADDRESS **7 PULASKI ST**
 CITY-ST-ZIP **AUBURN NY 13021**

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

TITLE ☒ Delete
 NAME **D KINGMAN, ROBERT**
 STREET ADDRESS **PO BOX 532**
 CITY-ST-ZIP **STURBRIDGE MA 05166-0532**

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

TITLE ☐ Delete
 NAME **D SVEC, JOHN**
 STREET ADDRESS **939 EAST 62ND AVENUE**
 CITY-ST-ZIP **DENVER CO 80216**

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

TITLE ☐ Delete
 NAME **P HARPER, RICHARD**
 STREET ADDRESS **730 S. ATLANTIC AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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 P. Harper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 (386) 677 8184

CR2E037 (9/01)