

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002659

1. Entity Name

FLORIDA SAFETY NETWORK INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90127 003 ****61.25

Principal Place of Business

Mailing Address

8807 TAMiami TR EAST
LELY PLAZA
NAPLES FL 34113

8807 TAMiami TR EAST
LELY PLAZA
NAPLES FL 34113-3347

2. Principal Place of Business

3. Mailing Address

8807 TAMiami TR EAST

8807 TAMiami TR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

NAPLES, FL

NAPLES, FL

59-3506875

Not Applicable

Zip

Country

Zip

Country

34113

USA

34113

USA

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

MCKEAN, BARBARA
11661 LABRADOR LANE
NAPLES FL 34114

Name Sandra A. Nelson
Street Address (P.O. Box Number is Not Acceptable)
11781 LAERTES LANE

City NAPLES

FL

Zip Code 34114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/2000

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
STREET ADDRESS FARRAR, KATHERINE T
CITY-ST-ZIP 694 PALM AVE. W.
GOODLAND FL 34140

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NELSON, SANDRA
CITY-ST-ZIP 11781 LAERTES LANE
NAPLES FL 34114

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRATTON, RULIFF A
CITY-ST-ZIP 953 COCONUT CIRCLE W.
NAPLES FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Sandra A. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-00

CR2E037 (9/99)