

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90082 034 \*\*\*\*70.00

**DOCUMENT # N99000000212**  
 1. Entity Name  
**THE NATIONAL SAFETY INFORMATION EXCHANGE, INC.**

Principal Place of Business      Mailing Address  
**7031 TANGLEWOOD DRIVE**      **POST OFFICE BOX 1256**  
**NEW PORT RICHEY FL 34654**      **PORT RICHEY FL 34673-1256**



DO NOT WRITE IN THIS SPACE

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  
**APPLIED FOR**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SKELLY, ELIZABETH M.T.**  
**7031 TANGLEWOOD DRIVE**  
**NEW PORT RICHEY FL 34654**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>ADMINISTRATOR / FINANCIAL OFFICER</b> <input type="checkbox"/> Delete
NAME	<b>ELIZABETH M.T. SKELLY</b> D-6
STREET ADDRESS	<b>7031 TANGLEWOOD DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE	<b>DIRECTOR / CASUALTY SUPPORT</b> <input type="checkbox"/> Delete
NAME	<b>DANIEL WILSONKAMP</b> D-6
STREET ADDRESS	<b>356 THORNE ST.</b>
CITY-ST-ZIP	<b>JAN TOWN, CA 95125</b>
TITLE	<b>DIRECTOR / NATIONAL REGIONAL</b> <input type="checkbox"/> Delete
NAME	<b>ALLEN ROBERT</b> D-6
STREET ADDRESS	<b>1086 ROBBIE DR</b>
CITY-ST-ZIP	<b>SPRINGFIELD, CA 94087</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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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: *[Signature]*      **REQUIRED**      4/14/00      Date      Daytime Phone #

CR2E037 (9/99)