

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000006695

1. Entity Name

SAFETY AWARENESS DRIVING SCHOOL, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-06-2000 90098 001 ***211.25

Principal Place of Business

847 ORANGE AVE., STE. B
DAYTONA BEACH FL 32114

Mailing Address

847 ORANGE AVE., STE. B
DAYTONA BEACH FL 32114-4769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

59-3605-775

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

WILLIAMS, PEARLIE M
711 BERKSHIRE RD.
DAYTONA BEACH FL 32114

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

Pearlie M. Williams

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	D	WILLIAMS, PEARLIE M	<input type="checkbox"/> Delete
NAME		711 BERKSHIRE RD.	
STREET ADDRESS		DAYTONA BEACH FL 32114	
CITY-ST-ZIP			
TITLE	D	CROOMS, WILLIAM	<input type="checkbox"/> Delete
NAME		453 N. KEECH ST.	
STREET ADDRESS		DAYTONA BEACH FL 32114	
CITY-ST-ZIP			
TITLE	D	CHESTER, GERALD	<input type="checkbox"/> Delete
NAME		847 A ORANGE AVE.	
STREET ADDRESS		DAYTONA BEACH FL 32114	
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"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Pearlie M. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)