

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90260 001 ***211.25

DOCUMENT # N99000006695

1. Entity Name

SAFETY AWARENESS DRIVING SCHOOL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

532 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

3. Mailing Address

532 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

U.S.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

U.S.

4. FEI Number

59-3605775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

532 N. RIDGEWOOD AVE.

City

DAYTONA BEACH

FL

Zip Code

32114

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

P. 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

TITLE **D** ☒ Delete
 NAME **WILLIAMS, PEARLIE M**
 STREET ADDRESS **711 BERKSHIRE RD.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete
 NAME **CROOMS, WILLIAM**
 STREET ADDRESS **453 N. KEECH ST.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete
 NAME **CHESTER, GERALD**
 STREET ADDRESS **847 A ORANGE AVE.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **John T. Long**
 STREET ADDRESS **5957 MARVILLE CIR**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

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

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

TITLE ☐ Change ☐ Addition
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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:

P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)