

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended
FILED

02 JUL -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006695

1. Entity Name

Safety Awareness Driving School

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

532 N. Ridgewood Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach Fl.

City & State

4. FEI Number

59-3605775

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PERNEAL Williams

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

711 Berkshire Rd

City

Daytona Beach

FL

Zip Code

32114

**DO NOT WRITE
IN THIS SPACE**

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

PERNEAL Williams

Perneal Williams

5/9/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 PERNEAL Williams-Director
NAME
STREET ADDRESS 711 Berkshire Rd
CITY-ST-ZIP Daytona Beach Fl. 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800006232908--3
-07/05/02--01083--015
*****61.25 *****61.25

TITLE Director
NAME William Crooms
STREET ADDRESS 453 North Beech St
CITY-ST-ZIP Daytona Beach Fl. 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Gerald Chester
STREET ADDRESS 847 Orange Ave
CITY-ST-ZIP Daytona Beach Fl. 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME PERLESHA Reddin-Coffie
STREET ADDRESS 711 Berkshire Rd
CITY-ST-ZIP Daytona Beach Fl. 32114

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Perneal Williams

5/27/02 386-257-9191

CR2E037B (12/01)