6/4/

FILED
Jun 21, 2001 8:00 am
Secretary of State
06-04-2001 90004 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068875

1. Entity Name

SAFETY SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
160 S. SEMORAN BLVD	160 S. SEMORAN BLVD.
ORLANDO, FL 32807	ORLANDO, FL 32807

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
498 PALM SPRINGS DR	498 PALM SPRINGS DR
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32701 Country: U.S.A	Zip: 32701 Country: U.S.A.

4. FEI Number: 65-0976435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL L.
160 S. SEMORAN BLVD
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name: TIMOTHY D. NOWE
Street Address (P.O. Box Number is Not Acceptable): 498 PALM SPRINGS DR. SUITE 100
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: Timothy D Nowe /OWNER 5/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TIMOTHY D. NOWE	NAME	
STREET ADDRESS	58 FERN CREST DR	STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	CITY-ST-ZIP	
TITLE	OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK GRANTIER	NAME	
STREET ADDRESS	314 FOREST CREST CRT	STREET ADDRESS	
CITY-ST-ZIP	OCOEE, FL 34761	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy D Nowe 5/26/01 (407)261-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #