

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000006875

FILED  
Apr 17, 2003  
Secretary of State

Entity Name: SAFETY SOLUTIONS GROUP, INC.

## Current Principal Place of Business:

498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

1255 BELLE AVE  
SUITE #172  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

1255 BELLE AVE  
SUITE #172  
WINTER SPRINGS, FL 32708

FEI Number: 65-0976435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOVE, TIMOTHY  
498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

## Name and Address of New Registered Agent:

NOVE, TIMOTHY D  
1255 BELLE AVE  
SUITE #172  
WINTER SPRINGS, FL 32708

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

04/17/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: NOWE, TIMOTHY D  
Address: 58 FERN CREST DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: O ( ) Delete  
Name: GRANTIER, MARK  
Address: 314 FOREST CREST COURT  
City-St-Zip: OCOEE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY D NOWE

O

04/17/2003

Electronic Signature of Signing Officer or Director

Date