

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056724

1. Entity Name

NATIONWIDE HEALTH AND SAFETY, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90207 036 ***150.00

Principal Place of Business

Mailing Address

8930 STATE ROAD 84
SUITE 204
DAVIE FL 33324

8930 STATE ROAD 84
SUITE 204
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

1000 W. McNab Rd.

1000 W. McNab Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

207

Pompano Bch. Fl.

Pompano Bch. Fl.

Zip

Country

Zip

Country

33069

Broward

33069

Broward

4. FEI Number

59-3652304

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Same

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

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME WILFONG, LAURI L
STREET ADDRESS 8930 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33324

☐ Delete

TITLE PSTD
NAME Wilfong, Lauri L
STREET ADDRESS 1000 W. McNab Rd Suite 207
CITY-ST-ZIP Pompano Bch. Fl. 33069

☒ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauri L Wilfong Pres. 01/22/01 (954) 943-8002

Date

Daytime Phone #

CR2E034 (10/00)