

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90070 032 ***150.00

0043639 AV

DOCUMENT # P00000060715

1. Entity Name

FLORIDA SAFERIDER, INC.

Principal Place of Business

**3020 HAWKS LANDING DR
TALLAHASSEE FL 32308**

Mailing Address

**3020 HAWKS LANDING DR
TALLAHASSEE FL 32308**

2. Principal Place of Business

3485 WELWYN WAY
Suite, Apt. #, etc.

3. Mailing Address

3485 WELWYN WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

Zip
32309

Country

LEON

City & State

TALLAHASSEE FL

Zip

32309

Country

LEON

4. FEI Number

59-3664325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOFFORD, WILLIAM A
3020 HAWKS LANDING DR
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

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

3485 WELWYN WAY

TALLAHASSEE, FL

City

FL

Zip Code

32309

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☐ Delete
NAME **WOFFORD, WILLIAM A**
STREET ADDRESS **3020 HAWKS LANDING DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete
NAME **WOFFORD, WILLIAM A**
STREET ADDRESS **3020 HAWKS LANDING DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3485 WELWYN WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3485 WELWYN WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

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CITY-ST-ZIP

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

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:

WILLIAM A WOFFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02
Date

414-1101
Daytime Phone #

CR2E034 (9/01)