

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/13/2003-90231-049-\$150.00-\$150.00

DOCUMENT # P00000060715

1. Entity Name  
FLORIDA SAFERIDER, INC.



FILED

03 MAR 12 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~3485 WELWYN WAY~~ 1836 CELTIC Road  
TALLAHASSEE FL 32309

Mailing Address  
~~3485 WELWYN WAY~~  
TALLAHASSEE FL 32309

2. Principal Place of Business  
~~P.O. Box 15901~~ 1836 CELTIC Rd  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 15901  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

03

City & State  
Tallahassee, FL  
Zip  
32317  
Country  
USA

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Tallahassee, FL  
Zip  
32317  
Country  
USA

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

7. Name and Address of New Registered Agent

WOFFORD, WILLIAM A  
~~3485 WELWYN WAY~~  
TALLAHASSEE FL 32309

Name  
WOFFORD, WILLIAM A  
Street Address (P.O. Box Number is Not Acceptable)  
1836 CELTIC ROAD  
City  
Tallahassee FL Zip Code  
32317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. A. Wofford*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WOFFORD, WILLIAM A  
~~3485 WELWYN WAY~~ 1836 CELTIC Rd  
TALLAHASSEE FL 32309 32317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WOFFORD, WILLIAM A  
~~3485 WELWYN WAY~~ 1836 CELTIC Rd  
TALLAHASSEE FL 32309 32317

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *W. A. Wofford* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03

Date

850-556-7432

Daytime Phone #

CR2E034 (10/02)