

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068131

1. Entity Name

**SAFETY FIRST SUPPLY COMPANY OF AMERICA, INC.**

**FILED**

**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90018 037 \*\*\*150.00

Principal Place of Business

**2140 S. PALMETTO AVENUE #6**  
**SOUTH DAYTONA FL 32119**

Mailing Address

**2140 S. PALMETTO AVENUE #6**  
**SOUTH DAYTONA FL 32119**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P. O. Box 11423**

Suite, Apt. #, etc.

City & State

**Daytona Beach, FL**

Zip

**32120-1423**

Country

**USA**

4. FEI Number

**59-3635764**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**WALDEN, JOHN P**  
**2140 S. PALMETTO AVENUE #6**  
**SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name

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) ☒

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>President</b> <b>Jacqueline M. Pantagis</b> <b>4206 Whitford Court</b> <b>Glen Allen, VA 23060</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Vice President</b> <b>William L. Bradley</b> <b>4497 N. Oakland Street</b> <b>Arlington, VA 22203</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this report, with an other like empowered.

SIGNATURE

**William L. Bradley** 4/23/01 386-760-8564

CR2E034 (10/00)