

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000073475**1. Entity Name  
SAFE ROOM KITS, INC.

## Principal Place of Business

930 CAPE MARCO DR, #P4

MARCO ISLAND  
34145

FL

## Mailing Address

930 CAPE MARCO DR, #P4

MARCO ISLAND  
34145

FL

2. Principal Place of Business  
992 WINTERBERRY DRIVE3. Mailing Address  
992 WINTERBERRY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MARCO ISLAND

FL

City & State  
MARCO ISLAND

FL

Zip  
34145

Country

Zip  
34145

Country

## 4. FEI Number

**65-104095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MORRIS WILLIAM G  
247 N COLLIER BLVD, STE 202MARCO ISLAND  
34145

FL

US

## 7. Name and Address of New Registered Agent

Name

JANSSENS-LENS PAUL

Street Address (P.O. Box Number is Not Acceptable)  
992 WINTERBERRY DRIVECity  
MARCO ISLAND

FL

Zip Code  
34145

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 **PAUL JANSSENS-LENS****04/18/2001**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |                                 |  |
|----------------|-----------------------|---------------------------------|--|
| TITLE          | S                     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | BOWER JANNIE          |                                 |  |
| STREET ADDRESS | 992 WINTERBERRY DRIVE |                                 |  |
| CITY-ST-ZIP    | MARCO ISLAND FL 34145 |                                 |  |
| TITLE          | P                     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | JANSSENS-LENS PAUL    |                                 |  |
| STREET ADDRESS | 992 WINTERBERRY DRIVE |                                 |  |
| CITY-ST-ZIP    | MARCO ISLAND FL 34145 |                                 |  |
| TITLE          |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                       |                                 |  |
| STREET ADDRESS |                       |                                 |  |
| CITY-ST-ZIP    |                       |                                 |  |
| TITLE          |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                       |                                 |  |
| STREET ADDRESS |                       |                                 |  |
| CITY-ST-ZIP    |                       |                                 |  |
| TITLE          |                       | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **Jannie Bower**

S

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)