

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 03, 2001 8:00 am
Secretary of State

03-22-2001 90027 039 ***150.00

DOCUMENT # P00000091628

1. Entity Name

MONARCH SAFETY PRODUCTS, INC.

Principal Place of Business

**PROSPECT CLOSE, LOWMOOR BUSINESS PARK
KIRKBY IN ASHFIELD NOTTINGHAM NG17 7LF
UNITED KINGDOM**

Mailing Address

**PROSPECT CLOSE, LOWMOOR BUSINESS PARK
KIRKBY IN ASHFIELD NOTTINGHAM NG17 7LF
UNITED KINGDOM**

2. Principal Place of Business

258 EAST COMMERCIAL BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERDALE BEACH, FL

City & State

4. FEI Number

98-0232741

Applied For

Not Applicable

Zip

33308-4439

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 renouncing)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	MR. PAUL CURTIS	
STREET ADDRESS	2, RECTORY CESTRAGE, WILLOW LANE	
CITY-ST-ZIP	GREDDING VILLAGE, NOTTINGHAM NG4 4BH, UK	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MR JONATHAN PETO	
STREET ADDRESS	15, EBERS ROAD, MAPPERLEY	
CITY-ST-ZIP	NOTTINGHAM NG3 5DY, UK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

PAUL CURTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)