

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90057 005 ***158.75

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AV

DOCUMENT # P00000095445

1. Entity Name

SAFELINE AVS, INC.

Principal Place of Business

**6005 BENJAMIN ROAD
TAMPA FL 33634**

Mailing Address

**6005 BENJAMIN ROAD
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3682038

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FWLER WHITE GILLEN BOGGS ET AL
ATTN: R. ALAN HIGBEE
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BRAUNSCHWEILER, LUKAS
1900 POLARIS PKWY
COLUMBUS OH 43240**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RIVERA, ANGELO
6005 BENJAMIN ROAD
TAMPA FL 33634**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPC
FRANKIEWICZ, DANIEL J
6005 BENJAMIN ROAD
TAMPA FL 33634**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
EDWARDS, PETER G
1900 POLARIS PKWY
COLUMBUS OH 43240**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
CACCAMO, THOMAS A
1900 POLARIS PKWY
COLUMBUS OH 43240**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVPT
FINN, THOMAS A
1900 POLARIS PKWY
COLUMBUS OH 43240**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR/ PRESIDENT
NIELSEN, VIGGO
6005 BENJAMIN ROAD
TAMPA, FL 33534**



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.J. FRANKIEWICZ

3/7/02

(813) 889-9500

Date

Daytime Phone #

CR2E034 (9/01)