

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097507

1. Entity Name
SAFETYCERTIFIED.COM, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90303 040 ***150.00

Principal Place of Business
1202 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address
1202 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business
1536 KINGSLEY AVE
Suite, Apt. #, etc.
STE 126

3. Mailing Address
1536 KINGSLEY AVE
Suite, Apt. #, etc.
STE 126

City & State
ORANGE PARK, FL
Zip
32073
Country
USA

City & State
ORANGE PARK, FL
Zip
32073
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675609
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

WILLIAMS, GRADY H JR
1279 KINGSLEY AVE, STE 117
ORANGE PARK FL 32073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, MARK 1202 KINGSLEY AVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWMAN, RICK F 1202 KINGSLEY AVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLANE, CHARLES E JR 1202 KINGSLEY AVE ORANGE PARK FL 32073	<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"/> 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 with an address, with all other like empowered.

SIGNATURE: *Mark Moran* President 1-21-01 (904) 278-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)