

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90120 023 ***150.00

DOCUMENT # P01000044694

1. Entity Name

C-2-C SAFETY & SECURITY INC.

Principal Place of Business

**1532 SE VILLAGE GREEN DR., #C
 PORT ST. LUCIE FL 34952**

Mailing Address

**1532 SE VILLAGE GREEN DR., #C
 PORT ST. LUCIE FL 34952**

NEW Address ↓

2. Principal Place of Business

1562 SE VILLAGE GREEN DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 14

Suite, Apt. #, etc.

←

City & State

PORT ST. LUCIE FL

City & State

Zip

34952

Country

ST. LUCIE

Country

4. FEI Number

65-1099526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHANDLER, AARON J

**1532 SE VILLAGE GREEN DR., #C
 PORT ST. LUCIE FL 34952**

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, 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

TITLE	D	☒
NAME	ZAZA, SAMUEL A	
STREET ADDRESS	1532 SE VILLAGE GREEN DR., #C	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	☒
NAME	CHANDLER, AARON J	
STREET ADDRESS	1532 SE VILLAGE GREEN DR., #C	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	AARON J. CHANDLER	
STREET ADDRESS	1562 SE VILLAGE GREEN DR #14	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	SAMUEL A. ZAZA	
STREET ADDRESS	1562 SE VILLAGE GREEN DR #14	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

772-337-3338

Daytime Phone #

CR2E034 (9/01)