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FILED
Jun 04, 2002 8:00 am
Secretary of State

05-17-2002 90040 038 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054752

1. Entity Name

SAFE GUARD POOL FENCING SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

91282

2. Principal Place of Business	3. Mailing Address
922-F E. 124th AVENUE	P. O. BOX 17334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33612 Country	Zip: 33682 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3721082 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: S. L. STAFFORD

Street Address (P.O. Box Number is Not Acceptable): 15951 N. FLORIDA AVE.

City: LUTZ FL Zip Code: 33549

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 ________________ 4-29-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPST	TITLE	
NAME	DOLL, HENRY P.	NAME	
STREET ADDRESS	507 SOVEREIGN G.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ________________ 6-2-02 813 972-4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #