

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90143 043 ***558.75

DOCUMENT # P01000106321

1. Entity Name **SAFETOURS OF AMERICA, INC.**

Principal Place of Business
13571 TEXAS WOODS CIR.
ORLANDO FL 32824

Mailing Address
13571 TEXAS WOODS CIR.
ORLANDO FL 32824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3114 ROUNDSWORTH CIR

3. Mailing Address

3114 ROUNDSWORTH CIR

Suite, Apt. #, etc.
307

Suite, Apt. #, etc.
307

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number

59-3753375

Applied For
 Not Applicable

Zip
32837

Country
USA

Zip
32837

Country
USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENAFIEL, NILSON E
13571 TEXAS WOODS CIR.
ORLANDO FL 32824

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete
 NAME **ALVES-MADRID, MARIA D**
 STREET ADDRESS **826 HUNTERS ISLE**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3114 ROUNDSWORTH CIR. #507**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **VDS** ☐ Delete
 NAME **PENAFIEL, NILSON E**
 STREET ADDRESS **13571 TEXAS WOODS CIR.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.26.02 402343697

Date

Daytime Phone #

CR2E034 (4/02)