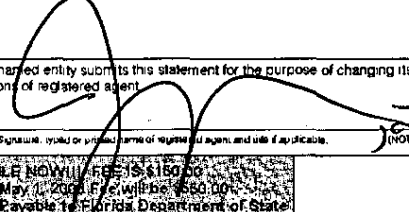
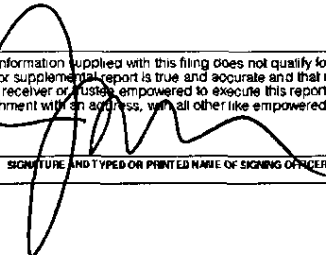


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 037 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000111070					
1. Entity Name SCIENTIFIC SAFETY PRODUCTS, INC.					
Principal Place of Business 3300 CORPORATE AVE SUITE 114 WESTON, FL 33331			Mailing Address 3300 CORPORATE AVE SUITE 114 WESTON, FL 33331		
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 03-0403779 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		
MCNERNEY, MICHAEL J 200 E LAS OLAS BLVD, STE 1900 FT LAUDERDALE, FL 33301			Name JAMES E. McDONNELL IV Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE AVE, #114 City WESTON FL 33331		
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  JAMES E. McDONNELL (CEO) 4/29/03					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D MCDONNELL, JAMES E 3300 CORPORATE AVE #114 WESTON, FL 33331					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/29/03 (954) 895-8589					