

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0081097 AV

DOCUMENT # P02000090421

1. Entity Name  
SAFE EVAC CORP



FILED

03 MAR 24 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1232 LAKEVIEW DRIVE  
EUSTIS FL 32726

Mailing Address  
1232 LAKEVIEW DRIVE  
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

4700 Millenia Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 175

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32839

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, DAVID L  
1232 LAKEVIEW DRIVE  
EUSTIS FL 32726

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P REED, DAVID L 1232 LAKEVIEW DRIVE EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Matthew J. Benetti 4700 MILLENIA BLVD, STE 175 ORLANDO FL 32839	<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
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19 2003 (352) 267-5611

Date

Daytime Phone #

CR2E034 (10/02)