

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90057 040 \*\*\*150.00

**DOCUMENT # P93000014947**

1. Entity Name  
**GARAGE SAFETY, INC.**



Principal Place of Business  
**460 25TH STREET NW  
NAPLES FL 34120  
US**

Mailing Address  
**460 25TH STREET NW  
NAPLES FL 34120  
US**



2. Principal Place of Business

3. Mailing Address

**460 25TH ST NW**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Naples FL 34120**

City & State

City & State

4. FEI Number **NOT APPLICABLE**

☒ Applied For  
☐ Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip **34120**

Country **Collier**

Zip

Country

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

**CATALANO FISHER GREGORY & CROWN CHARTERED  
4001 TAMiami TRAIL NO  
SUITE 404  
NAPLES FL 33940**

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 *Thomas W Gaffney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/03**

**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 **P** ☐ Delete  
NAME **GAFFNEY, THOMAS W**  
STREET ADDRESS **6867 SATIN LEAF RD SO, 103**  
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **VP** ☐ Delete  
NAME **KILLAN, THOMAS E.**  
STREET ADDRESS **6950 HUNTERS ROAD**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE **S** ☐ Delete  
NAME **KILLEN, MARIANNE I.**  
STREET ADDRESS **6950 HUNTERS ROAD**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE **T** ☐ Delete  
NAME **GAFFNEY, MARY-ANNE**  
STREET ADDRESS **6867 SATINLEAF RD SO, 103**  
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Thomas W Gaffney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/10/03 239-2530291**

CR2E034 (10/02)