

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0139823 AT

DOCUMENT # P93000028290

1. Entity Name  
SAFETY SYSTEMS INTERNATIONAL USA, INC.



FILED

03 JUN 16 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1811 ENGLEWOOD RD., #198  
ENGLEWOOD FL 34223

Mailing Address  
1811 ENGLEWOOD RD., #198  
ENGLEWOOD FL 34223

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 65-0407451

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

REEVE, MARGARET  
1811 ENGLEWOOD RD., #198  
ENGLEWOOD FL 34223

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE NAME  
P REEVE, SHAUN A  
STREET ADDRESS 1811 ENGLEWOOD RD., #198  
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE NAME  
S REEVE, MARGARET  
STREET ADDRESS 1811 ENGLEWOOD RD., #198  
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
200022358342 ☒ Change ☐ Addition  
08/15/03--01061--024 \*\*150.00

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: *M. M. Reeve*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03

Date

741 356 6222

Daytime Phone #

CR2E034 (4/03)

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THE ENCLOSED ANNUAL REPORTS AS THE FIRST  
REPORTS WERE RETURNED BY THE POST OFFICE TO ME AS UNDELIVERABLE.  
THANK YOU FOR ANY HELP YOU CAN OFFER.

SINCERELY

MARGARET REEVE