


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90218 044 \*\*\*150.00

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

**DOCUMENT #** P93000030007  
 1. Entity Name  
 SAFEWAY INSPECTION SERVICE, INC.



00000007

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1012 N. Ocean Blvd. Suite, Apt. #, etc. Apt. 1003 City & State Pompano Beach, FL		3. Mailing Address 2637 E. Atlantic Blvd. Suite, Apt. #, etc. #129 City & State Pompano Beach, FL	
Zip 33062-4059	Country USA	Zip 33062	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0405121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LUCILLE F. O'CONNOR
Street Address (P.O. Box Number is Not Acceptable) 1012 N. Ocean Blvd., Apt. 1003
City Pompano Beach
State FL
Zip Code 33062-4059

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: *Lucille F. O'Connor* Lucille F. O'Connor DATE: 3/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended: UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'CONNOR, LUCILLE F. 1012 N. Ocean Blvd., Apt. 1003 Pompano Beach, FL 33062-4059	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucille F. O'Connor* Lucille F. O'Connor DATE: 3/28/03 954-328-6570

Signature and typed or printed name of signing officer or director Date Daytime Phone #