

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

03 APR 23 PM 1:27
FILED
CLERK OF STATE
DIVISION OF CORPORATION

DOCUMENT # P94000001744

1. Entity Name

SAFETY TECHNOLOGY PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1867 Caravan Trail

3. Mailing Address
1867 Caravan Trail

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
#105

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32216

Country
USA

Zip
32216

Country
USA

4. FEI Number 593221934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: MOTOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, Suite 2500

City Jacksonville

FL

Zip Code
32202

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D - Michael Gravette
STREET ADDRESS
1867 Caravan Trail, # 105
CITY-ST-ZIP
Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900016812889
04/23/03--01067--003 **150.00

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IN THIS SPACE**

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:

Michael Gravette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 904 720-2188

Date

Daytime Phone #

CR2E034B (12/02)