

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90022 046 ***150.00

DOCUMENT # P94000044235

1. Entity Name

PROGRAM OPERATIONS AND SAFETY INSTRUCTIONS, INC.

Principal Place of Business

**4007 52ND DRIVE WEST
BRADENTON FL 34210**

Mailing Address

**5571 MEADOW DRIVE
HAMBURG NY 14075-6935****608755**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 682506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FRANKLIN, TN

4. FEI Number

65-0505246Applied For
Not Applicable

Zip

Country

Zip

Country

37068**USA**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

**FAZENBAKER, HOPE R
4007 52ND DRIVE WEST
BRADENTON FL 34210**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FAZENBAKER, HOPE R.	
STREET ADDRESS	4007 52ND DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL, DEBORAH	
STREET ADDRESS	6766 MARTHA'S POINT	
CITY-ST-ZIP	MEMPHIS TN	

TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLMES, PEGGY	
STREET ADDRESS	PO BOX 65 N/A	
CITY-ST-ZIP	COOTER MO	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hope R. Fazenbaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

Daytime Phone #