

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90148 027 ***150.00

DOCUMENT # P94000064958

1. Entity Name
SAFETY TRENDS, INC.



Principal Place of Business
**6358 28 AVENUE EAST
PALMETTO FL 34221**

Mailing Address
**6358 28 AVENUE EAST
PALMETTO FL 34221**

2. Principal Place of Business
8803 71ST AVE E

3. Mailing Address
8803 71ST AVE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALMETTO, FL

City & State
PALMETTO, FL

4. FEI Number **65-0517469**

Applied For
☐ Not Applicable

Zip
34221

Country

Zip
34221

Country

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

6. Name and Address of Current Registered Agent

**BENJAMIN, GEORGE
6358 28TH AVENUE EAST
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name **BENJAMIN, GEORGE**
Street Address (P.O. Box Number is Not Acceptable)
8803 71ST AVENUE EAST
City **PALMETTO** **FL** Zip Code **34221**

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 **4/1/03**

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 **BENJAMIN, GEORGE V**
STREET ADDRESS **6358 28 AVENUE EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **P** ☒ Change ☐ Addition
NAME **BENJAMIN, GEORGE V**
STREET ADDRESS **8803 71ST AVENUE EAST**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **S** ☐ Delete
NAME **BENJAMIN, LUCILLE W**
STREET ADDRESS **6358 28TH AVE E**
CITY-ST-ZIP **PALMETTO FL**

TITLE **S** ☐ Change ☐ Addition
NAME **BENJAMIN, LUCILLE W.**
STREET ADDRESS **8803 71ST AVENUE EAST**
CITY-ST-ZIP **PALMETTO, FL 34221**

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

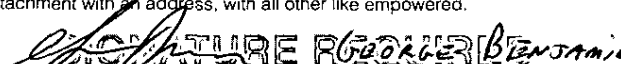
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  **SIGNATURE REQUIRED BENJAMIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/1/03**

DATE

DAYTIME PHONE # **(941) 722-9375**

DAYTIME PHONE #

CR2E034 (10/02)

0560975 AV