

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90159 027 ***150.00

DOCUMENT # P95000007203

1. Entity Name
SUN COAST SAFETY CONSULTANTS, INC.

Principal Place of Business
487 RIVERSIDE DR
TARPON SPRINGS FL 34689

Mailing Address
487 RIVERSIDE DR
TARPON SPRINGS FL 34689

2. Principal Place of Business
489 RIVERSIDE DR
 Suite, Apt. #, etc.

3. Mailing Address
489 RIVERSIDE DR
 Suite, Apt. #, etc.

City & State
SAME

City & State
SAME

4. FEI Number **59-3294326**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALCHIODI, KATHLEEN E
487 RIVERSIDE DR
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
489 RIVERSIDE DR
 City **SAME** **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 **KATHLEEN E. MALCHIODI**
Kathleen E. Malchiodi **President**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D MALCHIODI, KATHLEEN E**
 STREET ADDRESS **487 RIVERSIDE DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
 NAME **D MALCHIODI, ALBERT C**
 STREET ADDRESS **487 RIVERSIDE DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **489 RIVERSIDE DR.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **489 RIVERSIDE DR**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: **KATHLEEN E. MALCHIODI** **Pres.** **4/15/02** **727-937-2148**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #
KATHLEEN E. MALCHIODI PRES.

CR2E034 (9/01)