

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001289

1. Entity Name

SAFETY MEDICAL MANUFACTURING, INCORPORATED

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90019 016 ***150.00

Principal Place of Business

Mailing Address

106 W BELT AVE
BUSHNELL FL 33513
US

P O BOX 128
BUSHNELL FL 33513-0128
US

00023335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3385974**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GREGORY, DOUGLAS S

442 WEST KENNEDY BLVD

SUITE 340

TAMPA FL 33606

505 E. JACKSON ST.

SUITE 305

TAMPA, FL 33602

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 State

10. 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 **PD** ☒ Delete
NAME **RUNFOLA, VINCENT**
STREET ADDRESS **544 SPRING HOLLOW BLVD**
CITY-ST-ZIP **APOPKA FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **DAVIS E CHAFFEE**
STREET ADDRESS **PO Box 128**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **VPD** ☐ Delete
NAME **SCHUBERT, CHARLES**
STREET ADDRESS **2152 SPENCER CT**
CITY-ST-ZIP **MARIETTA GA**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

SIGNATURE DAVIS E CHAFFEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 (352) 793-5643
Date Daytime Phone #

CR2E034 (9/99)