

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90246 035 \*\*\*150.00

**DOCUMENT # P96000001289**  
1. Entity Name  
**SAFETY MEDICAL MANUFACTURING, INCORPORATED**



**10025716**

Principal Place of Business  
**106 W BELT AVE  
BUSHNELL FL 33513  
US**

Mailing Address  
**P O BOX 128  
BUSHNELL FL 33513  
US**

2. Principal Place of Business  
**2055 Sprint Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Apopka FL**  
Zip  
**32703**

Country  
**USA**

Zip

Country

4. FEI Number  
**59-3385974**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREGORY, DOUGLAS S  
505 E JACKSON ST  
STE 305  
TAMPA FL 33602**

Name  
**Vincent A. Runfola**

Street Address (P.O. Box Number is Not Acceptable)  
**2055 Sprint Blvd**

City  
**Apopka**

FL

Zip Code  
**32703**

7. Name and Address of New Registered Agent

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 *Vincent A. Runfola*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-2003**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB RUNFOLA, VINCENT A PO BOX 128 BUSHNELL FL 33513</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ALBURY, JAMES H PO BOX 128 BUSHNELL FL 33513</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: X** *Vincent A. Runfola* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-2003 407-880-2301**  
Date Daytime Phone #

CR2E034 (10/02)