2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90169 017 ***150.00

DOCUMENT # P96000002299

1. Entity Name
SAFETY PROFESSIONALS INC.

Principal Place of Business	Mailing Address
4907 MURRAY HILL DR TAMPA FL 33615	4907 MURRAY HILL DR TAMPA FL 33615

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10719 Out Island Dr	10719 Out Island Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33615 Country	Zip: 33615 Country

4. FEI Number 59-3384599 ☐ Applied For ☐ Not Applicable

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
BYRNE, DANIEL L 4907 MURRAY HILL DR TAMPA FL 33615	Name: Daniel L Byrne Street Address (P.O. Box Number is Not Acceptable): 10719 Out Island Dr City: Tampa FL Zip Code: 33615

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: Daniel Byrne 1/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNE, DANIEL L 4907 MURRAY HILL DR TAMPA FL 33615	☐ Delete	Daniel L Byrne 10719 Out Island Dr Tampa FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, SHERMAN 6803 CREEK DR W TAMPA FL 33615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAROLD, PAUL 3310 KNIGHTS AVE TAMPA FL 33609	☐ Delete	Paul Harold 11739 Carrollwood Cove Dr Tampa FL 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNE, LEROY 6948 LAKEVIEW AVE CIRCLE PINES MN 55014	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Daniel Byrne 1/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #