

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90135 041 ***150.00

DOCUMENT # P96000041043

1. Entity Name
AMERICAN SAFETY & HEALTH INSTITUTE, INC.



Principal Place of Business
**8324 CORPORATE WAY
STE A
NEW PT RICHEY FL 34653
US**

Mailing Address
**8324 CORPORATE WAY
STE A
NEW PT RICHEY FL 34653
US**

2. Principal Place of Business

4148 LOUIS AVE

Suite, Apt. #, etc.

3. Mailing Address

4148 LOUIS AVE

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

HOLIDAY FL

Zip

34691

Country

USA

Zip

34691

Country

USA

4. FEI Number **59-3378784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **GREGG RICH**

Street Address (P.O. Box Number is Not Acceptable)

4148 LOUIS AVE

City

HOLIDAY

FL

Zip Code

34691

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

01-20-03

**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

TITLE **PTD** ☐ Delete
NAME **EIMAN, TIMOTHY D**
STREET ADDRESS **262 S BEACH DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **S** ☐ Delete
NAME **RICH, GREGG**
STREET ADDRESS **302 SHORE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-03

Date

727-943-7560

Daytime Phone #

CR2E034 (10/02)