

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90095 050 ***158.75

DOCUMENT # P97000018273

1. Entity Name

ECONOMY SAFETY, INCORPORATED

Principal Place of Business

Mailing Address

**4439 54TH AVE. N.
 ST PETERSBURG FL 33714
 US**

**4439 54TH AVE. N.
 ST PETERSBURG FL 33714-2257
 US**

2. Principal Place of Business

3. Mailing Address

4439 54th Ave N.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg FL

4. FEI Number

59-3434319

Applied For

Not Applicable

Zip

County

Zip

Country

33714

Pinellas

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

**GOMEZ, ROBERT C
 15810 REDINGTON DR
 REDINGTON BCH FL 33708**

Name

Same

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

Robert C Gomez

[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	P	<input type="checkbox"/> Delete
NAME	GOMEZ, ROBERT C	
STREET ADDRESS	15810 REDINGTON DR	
CITY-ST-ZIP	REDINGTON BCH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Robert C Gomez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/1/2000 727 5200532



DO NOT WRITE IN THIS SPACE