

5/2/K

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-02-2001 90129 012 ***150.00

DOCUMENT # P97000027707

1. Entity Name

SAFETY SUPPLY WAREHOUSE, INC.

Principal Place of Business

12700 METRO PARKWAY
 UNIT 3
 FT MYERS FL 33912

Mailing Address

12700 METRO PARKWAY
 UNIT 3
 FT MYERS FL 33912

2. Principal Place of Business

12451 Metro PKWY

Suite, Apt. #, etc.

Suite # 105

City & State

Ft. Myers, FL

Zip

33912

Country

USA

3. Mailing Address

12451 Metro PKWY

Suite, Apt. #, etc.

Suite # 105

City & State

Ft. Myers, FL

Zip

33912

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0743530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
 1520 ROYAL PALM SQUARE BLVD.
 #260
 FT MYERS FL 33919

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PAPARELLA, GUY S	
STREET ADDRESS	12720 METRO PARKWAY	
CITY - ST - ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARDI, VINNIE	
STREET ADDRESS	12720 METRO PARKWAY	
CITY - ST - ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORDS, PAUL F	
STREET ADDRESS	12451 METRO PARKWAY, #105	
CITY - ST - ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)