FILED

CR2E034 (9/01)

941-561-2828

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER

## Mar 25, 2002 8:00 am P97000027707 **Secretary of State** DOCUMENT # 1. Entity Name 03-25-2002 90079 028 \*\*\*150.00 SAFETY SUPPLY WAREHOUSE, INC. Principal Place of Business Mailing Address 12451 METRO PKWY 12451 METRO PKWY SUITE 105 SUITE 105 FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0743530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARGANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 1520 ROYAL PALM SQUARE BLVD. #260 FT MYERS FL 33919 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition PAPARELLA, GUY S NAME NAME 12720 METRO PARKWAY STREET ADDRESS STREET ADDRESS FT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NARDI, VINNIE NAME STREET ADDRESS 12720 METRO PARKWAY STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP ☐ Addition TITLE' Delete TITLE - Change CORDS, PAUL F NAME NAME STREET ADDRESS 12451 METRO PARKWAY, #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 occurate 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 of the receiver or trusted 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 adoless, with in other the empowered.