

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074078

1. Entity Name

THE SAFETY CENTER, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90014 041 ***150.00

Principal Place of Business

1519 PARK MEADOWS DR
#1
FORT MYERS FL 33919
US

Mailing Address

1519 PARK MEADOWS DR
#1
FORT MYERS FL 33957-4233
US

2. Principal Place of Business

1622 SERENITY LN
Suite, Apt. #, etc.

3. Mailing Address

1622 SERENITY LN
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SANIBEL FL

Zip
33957

Country
USA

City & State
SANIBEL FL

Zip
33957

Country
USA

4. FEI Number 65-0781531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, ALLEN B
1519 PARK MEADOWS DR
#1
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
DUNCAN, ALLEN B.
Street Address (P.O. Box Number is Not Acceptable)
1622 SERENITY LN
City
SANIBEL FL Zip
33957

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 ALLEN B. DUNCAN
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, ALLEN B 1519 PARK MEADOWS DR #1 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNCAN, ALLEN B. 1622 SERENITY LN SANIBEL FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

014-1983