

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90086 001 ***150.00

0482075 AV

DOCUMENT # P97000074078

1. Entity Name
THE SAFETY CENTER, INC.

Principal Place of Business

13420 PONDEROSA WAY
FORT MYERS FL 33907
US

Mailing Address

13420 PONDEROSA WAY
FORT MYERS FL 33907
US

2. Principal Place of Business

1519-1 PARK MEADOWS DR.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FL

4. FEI Number

65-0781531

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUNCAN, ALAN B
13420 PONDEROSA WAY
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

ALLEN B DUNCAN
1519-1 PARK MEADOWS DR
FT MYERS FL 33907

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)

1/25/02

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, 2002 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 checked="" type="checkbox"/> Delete
NAME	DUNCAN, ALLEN B	
STREET ADDRESS	13420 PONDEROSA WAY	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, ALLEN B.	
STREET ADDRESS	1519-1 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		
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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:

ALLEN B. DUNCAN, PRES **1/25/02** **941 45-9714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)