

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085069

1. Entity Name

ALLSAFE BUILDING CORPORATION

Principal Place of Business

6325 PRESIDENTIAL CT.. STE. 8
FT. MYERS FL 33919

Mailing Address

6325 PRESIDENTIAL CT.. STE. 8
FT. MYERS FL 33919-3515

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MINIX, TRAVIS
1512 WHISKEY CREEK DR.
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, 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 ☐ Delete
NAME D
STREET ADDRESS INTORCIA, JOSEPH J
CITY-ST-ZIP 3942 SE 9TH CT.
CAPE CORAL FL 33904

TITLE ☐ Delete
NAME D
STREET ADDRESS MINIX, TRAVIS
CITY-ST-ZIP 1512 WHISKEY CREEK DR.
FT. MYERS FL 33919

TITLE ☐ Delete
NAME D
STREET ADDRESS SAGE, DOUGLAS A
CITY-ST-ZIP 1717 NE 3RD AVE.
CAPE CORAL FL 33990

TITLE ☐ Delete
NAME D
STREET ADDRESS SPEARS, MERWIN P
CITY-ST-ZIP 2106 W. 44TH TERR.
CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2431 HARVARD AVE.
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7720 NAUPE GRADE RD.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

941-432-0055

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90098 034 ***150.00