

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000085069****1. Entity Name**
ALLSAFE BUILDING CORPORATION**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90092 025 ***150.00

Principal Place of Business
6325 PRESIDENTIAL CT., STE. 8
FT. MYERS FL 33919**Mailing Address**
6325 PRESIDENTIAL CT., STE. 8
FT. MYERS FL 33919**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0786445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**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** **INTORCIA JOSEPH J****Street Address (P.O. Box Number is Not Acceptable)****3942 SE 9TH CT****City****CAPE CORAL****FL****Zip Code****33904****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** **JOSEPH J INTORCIA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**4-13-01****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** ☐ Delete
NAME **INTORCIA, JOSEPH J**
STREET ADDRESS **3942 SE 9TH CT.**
CITY-ST-ZIP **CAPE CORAL FL 33904****TITLE** **D** ☐ Delete
NAME **MINIX, TRAVIS**
STREET ADDRESS **2431 HARVARD AVE**
CITY-ST-ZIP **FORT MYERS FL 33907****TITLE** **D** ☒ Delete
NAME **SAGE, DOUGLAS A**
STREET ADDRESS **1717 NE 3RD AVE.**
CITY-ST-ZIP **CAPE CORAL FL 33990****TITLE** **D** ☐ Delete
NAME **SPEARS, MERWIN P**
STREET ADDRESS **7720 NALLE GRADE RD**
CITY-ST-ZIP **N FORT MYERS FL 33917****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
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 like empowered.****SIGNATURE:****Merwin Spears**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-13-01**
Date**941-432-0055**
Daytime Phone #

CR2E034 (10/00)