2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 OCT -5 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000126 0 AV

DOCUMENT # P97000094758

1. Entity Name

THE SAFETY & INTELLIGENCE INSTITUTE, INC.

Principal Place of Business	Mailing Address
1261 SOUTH MISSOURI AVENUE CLEARWATER FL 34616	1261 SOUTH MISSOURI AVENUE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

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 59-3480247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLA, NICK P 2759 STATE ROAD 580 SUITE 211 CLEARWATER FL 34621	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 Nick P. Cola, CPA, P.A. 10/2/01

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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULIN, KARL C 1261 SOUTH MISSOURI AVENUE CLEARWATER FL 34616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004642229--2 -10/18/01--01071--016 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULIN, ALAIN 1261 SOUTH MISSOURI AVENUE CLEARWATER FL 34616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'ROURKE, TIM 1890 SPRINGWOOD CIRCLE N. CLEARWATER FL 33763	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'ROURKE, AMY 1890 SPRINGWOOD CIRCLE N. CLEARWATER, FL 33763 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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 REQUIRED Amy Rourke 10/1/2001 (727) 461-9417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~Notice Return~~

1 of 2

Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Regarding the enclosed 2001 Uniform Business Report for The Safety & Intelligence Institute, Inc., 59-3480247, I am certain that I completed the form on January 18, 2001. I am the owner of two corporations and mailed both Uniform Business Reports at the same time. The other corporation is Critical Intervention Services, Inc., 59-3286887, and their report was properly processed.

I am not certain why the other report was not processed, I only know both were mailed at the same time. I have enclosed another properly completed Uniform Business Report for The Safety & Intelligence Institute, Inc., along with a check for $150.00.

I am requesting a forgiveness of all penalties. I am aware of this filing requirement and am certain I filed on time. I certainly appreciate any cooperation on your part to accept the form along with full payment of the amount originally due.

Again, I appreciate any forgiveness on your part and will insure this will never happen again in the future.

Thank you very much.

Sincerely,

Alain Poulin
Officer of Corporation