

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90005 044 \*\*\*150.00

DOCUMENT # **P98000102811**  
 1. Entity Name  
**William Everett Alton Safety Consultants, Corp.**

Principal Place of Business Mailing Address  
**9270 S.W. 125th Ter** **SAME**  
**Miami, Florida 33176**

2. Principal Place of Business 3. Mailing Address  
**9270 S.W. 125th Ter** **9270 S.W. 125th Ter**  
 Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc. **N/A**

City & State: **Miami, Florida** City & State: **Miami, Florida**  
 Zip: **33176** Country: **Dade** Zip: **33176** Country: **Dade**

4. FEI Number **05-0881765** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**William Everett Alton**  
**9270 S.W. 125th Terrace**  
**Miami, Florida 33176**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when releasing.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!**  
**After May 1, 2001**  
**Make Check Payment to Department of State**  
**Fee is \$150.00**  
**Fee will be \$250.00**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	
STREET ADDRESS	
CITY - ST - ZIP	
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	
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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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; that the information changed, or on an attachment with no address, with all other information required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed.

SIGNATURE: \_\_\_\_\_ DATE: **04-30-2001** **905-251-4927**  
Signature and typed or printed name of issuing officer or director

49232

DO NOT WRITE IN THIS SPACE

CR20004 (1/00)