

**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 City & State  
**MIAMI, FLORIDA** **MIAMI, FLORIDA**

Zip Country Zip Country  
**33176** **DADE** **33176** **DADE**

4. FEI Number Applied For  
**05-0881765**  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 Ter**  
**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 Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other filers.

SIGNATURE: \_\_\_\_\_ DATE: **04-30-2001** **905-251-4927**

49232

DO NOT WRITE IN THIS SPACE

CR20004 (1/00)