

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90089 003 ***158.75

DOCUMENT # P99000062998

1. Entity Name

SAFEWAY CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

5514 PARK BLVD
PINELLAS PARK FL 33781

5514 PARK BLVD
PINELLAS PARK FL 33781-3326

2. Principal Place of Business

6880-46 Avenue N.

Suite, Apt. #, etc.

Suite 240

3. Mailing Address

P.O. Box 10007

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Largo, FL

4. FEI Number

59-3631418

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33773

Country

USA

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, JOHN W
5514 PARK BLVD
PINELLAS PARK FL 33781

Name
John W. Reed

Street Address (P.O. Box Number is Not Acceptable)
9000-94 Avenue N.

City
Seminole, FL

FL

Zip Code
33777

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

John W. Reed

President/Director 4/6/00

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)

XX

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REED, JOHN W
5514 PARK BLVD
PINELLAS PARK FL 33781

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000-94 Avenue N.
Seminole, FL 33773

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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:

John W. Reed

President/Director 4/6/00 727-545-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)