

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000063687

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA INSTITUTE OF SAFETY, INC.

## Current Principal Place of Business:

1010F E SILVER SPRINGS  
OCALA, FL 34470

## New Principal Place of Business:

850 G N.E. 36TH TERRACE  
OCALA, FL 34470

## Current Mailing Address:

7743 SW S.R. 200  
OCALA, FL 34476

## New Mailing Address:

8720 SW S.R. 200 #14  
OCALA, FL 34481

FEI Number: 59-3588569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISHOP, W.E. JR.  
8720 SW S.R. 200, #14  
OCALA, FL 34481

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BISHOP, W.E. JR.  
Address: 7743 SW S.R. 200  
City-St-Zip: Ocala, FL 34476

Title: P ( ) Delete  
Name: HARVEY, WILLIAM J  
Address: 9897 SW 88TH CT RD  
City-St-Zip: Ocala, FL 34481

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BISHOP, W.E. JR.  
Address: 8720 SW S.R. 200 #14  
City-St-Zip: Ocala, FL 34481

Title: P (X) Change ( ) Addition  
Name: HARVEY, WILLIAM J  
Address: 850 G NE 36TH TERRACE  
City-St-Zip: Ocala, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. HARVEY

P

04/09/2002

Electronic Signature of Signing Officer or Director

Date