

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000063691**

1. Entity Name

**SAFETY INSTITUTE OF CENTRAL FLORIDA, INC.****FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90058 005 \*\*\*150.00

Principal Place of Business

Mailing Address

8720 SW S.R. 200, #14  
OCALA FL 344818720 SW S.R. 200, #14  
OCALA FL 34481

2. Principal Place of Business

7743 S.W. S.R. 200

Suite, Apt. #, etc.

3. Mailing Address

7743 S.W. S.R. 200

Suite, Apt. #, etc.

City &amp; State

Ocala, Fl.

City &amp; State

Ocala, Fl.

4. FEI Number

59-3588571

Applied For

Not Applicable

Zip

34476

Country

Marion

Zip

34476

Country

Marion

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

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

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 Bishop, W.E. Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-009. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**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 **D** ☐ Delete  
NAME **BISHOP, W.E. JR.**  
STREET ADDRESS **8720 SW S.R. 200, #14**  
CITY-ST-ZIP **OCALA FL 34481**TITLE **D** ☒ Change ☐ Addition  
NAME **W. E. BISHOP, JR.**  
STREET ADDRESS **7743 SW S. R. 200**  
CITY-ST-ZIP **Ocala, FL 34476**TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **Harvey, William J.**  
CITY-ST-ZIP **1010F East Silver Springs Blvd.**  
**Ocala, Fl. 34471**TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Harvey, William J.**  
CITY-ST-ZIP **1010F E Silver Springs Blvd.**  
**Ocala, Fl 34471**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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)(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: William J. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000

Date

352-732-8535

Daytime Phone #

CR2E034 (9/99)