

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90027 050 ***150.00

DOCUMENT # P99000063691

1. Entity Name

SAFETY INSTITUTE OF CENTRAL FLORIDA, INC.

Principal Place of Business

7743 SW S.R. 200
OCALA FL 34476

Mailing Address

7743 SW S.R. 200
OCALA FL 34476

2. Principal Place of Business

1010F E. Silver Springs Blvd.

Suite, Apt. #, etc.

Ocala, FL 34470

City & State

3. Mailing Address

7743 SW S.R. 200

Suite, Apt. #, etc.

Ocala, FL 34476

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588571

Applied For

Not Applicable

Zip
34470

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 7743 SW S.R. 200
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HARVEY, WILLIAM J
STREET ADDRESS 1010F E SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Harvey President 04-04-01 352-732-8555

Date

Daytime Phone #

CR2E034 (10/00)