2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-24-2000 90766 001 ***900.00

DOCUMENT # P99000068642

1. Entity Name
SAFETY BARRIERS, INC.

R

Principal Place of Business	Mailing Address
800 NORTH FERNCREEK AVENUE ORLANDO FL 32803	800 NORTH FERNCREEK AVENUE ORLANDO FL 32803-4172

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 N ATLANTIC AVE	750 N ATLANTIC AVE
Suite, Apt. #, etc. PH#3	Suite, Apt. #, etc. PH#3
City & State COCOA BEACH FL	City & State COCOA BEACH FL
Zip 32931 Country USA	Zip 32931 Country USA

4. FEI Number 59-3597778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, JOHN C
800 NORTH FERNCREEK AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name JOSEPH YOSSIFON
Street Address (P.O. Box Number is Not Acceptable) 750 N ATLANTIC AVE PH#3
City COCOA BEACH FL Zip Code 32931

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 6/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 PIERCE, JOHN G 800 NORTH FERNCREEK AVENUE ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOSSIFON, JOSEPH 750 N. ATLANTIC AVENUE COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REC'D 3/9/2000 321-536-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #