2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 08:00 AM P99000081760 DOCUMENT # Entity Name **Secretary of State** SAFETY & SECURITY SUPPLIERS, INC. Principal Place of Business Mailing Address 8432 INDIAN WELLS WAY 8432 INDIAN WELLS WAY NAPLES FL NAPLES FL34113 34113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3615808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDOZA FABIO CARDOZO FABIO 8432 INDIAN WELLS WAY Street Address (P.O. Box Number is Not Acceptable) 8432 INDIAN WELLS WAY NAPLES FL34113 US City Zip Code NAPLES 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. FABIO N. CARDOZO 04/18/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DSP TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition MAME HOOLEY **JOHN** F NAME CARDOZO **FABIO** STREET ADDRESS 8432 INDIAN WELLS WAY 8432 INDIAN WELLS WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP NAPLES DVT ☐ Delete TITLE ☐ Change NAME DE CARDOZO LUCY CAJAMARCA NAME STREET ADDRESS 8432 INDIAN WELLS WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP Delete TITLE X Change ☐ Addition CARDOZO FAVIO NAME CARDOZO FABIO STREET ADDRESS 8432 INDIAN WELLS WAY STREET ADDRESS 8432 INDIAN WELLS WAY CITY-ST-ZIP NAPLES 34113 CITY-ST-ZIP NAPLES FL. 34113 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/18/2001

Daytime Phone #

Date

FABIO N. CARDOZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _