

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 11, 2000 8:00 am  
Secretary of State

04-12-2000 90048 044 \*\*\*158.75

DOCUMENT # P99000087288

1. Entity Name

WORKPLACE HEALTH AND SAFETY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

3631 SPRINGVILLE DR.  
VALRICO FL 335943631 SPRINGVILLE DR.  
VALRICO FL 33594-6363

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3601398

Applied For

Not Applicable

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

HARTMAN, RICHARD T.  
3631 SPRINGVILLE DR.  
VALRICO FL 33594

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

Richard T. Hartman, CEO

1 April 00

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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  
Richard T. Hartman  
3631 ~~Springville~~ N/A Springville Drive  
Valrico FL 33594☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A☐ Change ☐ Addition

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

Date

Daytime Phone #

1 April 00 813-657-3587

CR2E034 (9/99)