

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099848

1. Entity Name

SAFETY ACCOUNTABILITY MANAGEMENT SYSTEMS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90041 045 ***550.00

Principal Place of Business

C/O KENNETH F. DARROW, ESQ.
9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156

Mailing Address

C/O KENNETH F. DARROW, ESQ.
9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156

2. Principal Place of Business

21526 N. 58TH DR.

3. Mailing Address

21526 N. 58TH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GLENDAL, AZ

City & State

GLENDAL, AZ

Zip

85308

Country

USA

Zip

85308

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARROW, KENNETH F
9350 S. DIXIE HWY., SUITE 1550
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

KENNETH F. DARROW, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

9400 S. DADLAND BLVD, PENTHOUSE 5

City

MIAMI

FL

Zip Code

33156

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PRESIDENT / DIRECTOR ☐ Delete
NAME ALAN LAROFEE
STREET ADDRESS 10 A PARTIDGE LANE
CITY-ST-ZIP SMITH FIELD RI 02197

TITLE SEC/TREASURER / DIRECTOR ☐ Delete
NAME GERALD MOORE
STREET ADDRESS 21526 N. 58TH DR.
CITY-ST-ZIP GLENDALE, AZ 85308

TITLE DIRECTOR / VICE PRESIDENT ☐ Delete
NAME MATTHEW PURSE
STREET ADDRESS 6491 E VAN BUREN #3191
CITY-ST-ZIP PHOENIX AZ 85008

TITLE DIRECTOR ☐ Delete
NAME DAVID MACK
STREET ADDRESS 18687 COW PATN LANE
CITY-ST-ZIP FF. ATKINSON, WI 53538

TITLE DIRECTOR ☐ Delete
NAME ROY GASS
STREET ADDRESS 225600 N. 85TH AVE
CITY-ST-ZIP PEORIA, AZ 85382

TITLE DIRECTOR ☐ Delete
NAME DENNIS DE VETTER
STREET ADDRESS 9925 RIVER EDGE DR.
CITY-ST-ZIP MARSH FIELD, WI 54449

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00
Date

Daytime Phone #