

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90014 001 ***150.00
05-30-2000 90014 002 *****8.75

DOCUMENT # P99000106453 ✓
Entity Name
Nationwide Safety Inc.

Principal Place of Business
2816 Oak Grove Rd
Davie Fl. 33328
(Home)
Mailing Address
8930 S.R. 84 Suite 204
Davie, Fl. 33324

17345

Principal Place of Business
2816 Oak Grove Rd.
Suite, Apt. #, etc.
City & State
Davie, Fl.
Zip
33328
Country
Broward
3. Mailing Address
8930 S.R 84
Suite, Apt. #, etc.
204
City & State
Davie, Fl.
Zip
33324
Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966986
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~Lauri Wilfong~~
~~2816 Oak Grove Rd.~~
~~Davie Fl. 33328~~
Spicgel + Utrera
343 Almeria Ave.
Corral Gables, Fl.
33334

7. Name and Address of New Registered Agent
Name
Lauri Wilfong
Street Address (P.O. Box Number is Not Acceptable)
2816 Oak Grove Rd.
City
Davie Fl. FL Zip Code
33328

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 Lauri Wilfong V.P. Lauri Wilfong DATE 05-22-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	9146 Southwest 23rd St.	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Lauri Wilfong	
CITY-ST-ZIP	2816 Oak Grove Rd.	
	Davie Fl. 33328	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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] DATE 05-22-00 954-236-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)