

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108928

1. Entity Name

SAFETY 1ST BUS SERVICE INC.

Principal Place of Business

15305 SW 102 PLACE
MIAMI FL 33157

Mailing Address

PO BOX 973094
MIAMI FL 33197

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WARMACK, WAYNE R
15805 SW 102 PLACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT

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!
After MAY 1, 2001
Fee IS \$150.00
Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WARMACK, KIMBERLY	
STREET ADDRESS	15805 SW 102 PLACE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARMACK, WAYNE	
STREET ADDRESS	15805 SW 102 PLACE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 010 ***150.00

660291



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0969631

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

CR2E034 (10/00)