

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46097

1. Entity Name

SAFE-T-PACK, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90081 036 ***150.00

Principal Place of Business

Mailing Address

10045 ADAMO DR.
TAMPA FL 33619

10045 ADAMO DR.
TAMPA FL 33619-2619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33619 USA

33619

4. FEI Number

59-3061955

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

MARSHALL, DANIEL J
10045 ADAMO DRIVE
TAMPA FL 33619

Name

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

9623 PALM RIVER RD

City

TAMPA

FL

Zip Code

33619

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DPT
STREET ADDRESS MARSHALL, DANIEL J
CITY-ST-ZIP 10045 ADAMO DRIVE
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 9623 Palm River Rd
STREET ADDRESS Tampa FL 33511
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVS
STREET ADDRESS MARSHALL, JUDITH
CITY-ST-ZIP 10045 ADAMO DRIVE
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 9623 PALM RIVER RD
STREET ADDRESS TAMPA, FL 33619
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Daniel J Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813
4380 6350434

CR2E034 (9/99)