

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078694

Entity Name: SAFETY-CERTIFICATION.COM, INC.**Current Principal Place of Business:**12065 SE 135TH AVANUE
OCKLAWAHA, FL 32179**Current Mailing Address:**P.O. BOX 831296
OCALA, FL 34483 US**FEI Number:** 56-2381308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLAWECKI, DANIEL W
12065 SE 135TH AVENUE
OCKLAWAHA, FL 32179 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PLAWECKI, DANIEL W
Address	P.O. BOX 831296
City-State-Zip:	OCALA FL 34483

Title	VP
Name	PLAWECKI, NATHAN D
Address	P.O. BOX 831296
City-State-Zip:	OCALA FL 34483

Title	SEC
Name	PLAWECKI, MICHELE M
Address	P.O. BOX 831296
City-State-Zip:	OCALA FL 34483

Title	VP
Name	PLAWECKI, JEFFREY D
Address	P.O. BOX 831296
City-State-Zip:	OCALA FL 34483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE PLAWECKI

SEC

03/02/2022

Electronic Signature of Signing Officer/Director Detail_____
Date