## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

SIGNATURE:

## FILED DOCUMENT # F9800006567 Feb 29, 2000 8:00 am **Secretary of State** SAFE SOFTWARE, INC. 02-29-2000 90161 034 \*\*\*150.00 Principal Place of Business Mailing Address 2401 CALVERT ST., NW #614 2401 CALVERT ST., NW #614 WASHINGTON DC 33785-3703 WASHINGTON DC 20008 2. Principal Place of Business 3. Mailing Address 550 BASTN DR SSO BASTU DEIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. KISIMAGE **EXSIMMEE** Applied For City & State **3**4フリイ City & State 4. FEI Number 54-1810925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEJGER, JAMES A NEIGER, JAMES A Street Address (P.O. Box Number is Not Acceptable) 3175 WHISPER WIND DRIVE ST CLOUD FL 34771 SSO BASIN DRIVE Zip Code 34744 City KISSIMM EF 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** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PCTD** TITLE ☐ Delete TITLE HALL, JOHN A NAME 333 BAHIA WISHA DR NAME HALL, JOHN A STREET ADDRESS STREET ADDRESS 2401 CALVERT ST NW #614 CITY-ST-ZIP CITY-ST-ZIP Trojan Rocks DEALH, FL 33785 WASHINGTON DC ☐ Addition Change -□ Delete TITLE TITLE NETGER, JAMES A NAME NAME NEIGER, JAMES A SSO BASTN DRIVE STREET ADDRESS STREET ADDRESS 3175 WHISPER WIND DR CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if