2002 UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2002 8:00 am Secretary of State F01000003289 DOCUMENT # 1. Entity Name 09-05-2002 90042 043 ***150 00 SAFEGUARD SPI, INC. Principal Place of Business Mailing Address 650 SAFEGUARD PLAZA 650 SAFEGUARD PLAZA BROOKLYN HEIGHTS OH 44131 **BROOKLYN HEIGHTS OH 44131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-1677915 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. 1 am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PCD TITLE TITLE Change | ☐ Addition Delete KLEIN, ROBERT NAME NAME 650 SAFEGUARD PLAZA STREET ADDRESS STREET ADDRESS **BROOKLYN HEIGHTS OH 44131** CITY-ST-ZIP CITY-ST-ZIP VSTD TITI F □ Delete TITLE ☐ Change ☐ Addition Jaffa, amir NAME NAME 650 SAFEGUARD PLAZA STREET ADDRESS STREET ADDRESS **BROOKLYN HEIGHTS OH 44131** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KLEIN, ITA NAME NAME 650 SAFEGUARD PLAZA STREET ADDRESS STREET ADDRESS **BROOKLYN HEIGHTS OH 44131** CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #

FILED



Certified Public Accountants

a division of

SS&G Financial Services

Cleveland Office -

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Suite 200

Cleveland, Ohio 44139

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AHORLINAS (67765) #F0100003289

August 26, 2002

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: Safeguard SPI, Inc.

> EIN: 34-1647915 2002 Business Report

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report for the above mentioned taxpayer. We are enclosing the \$150 filing fee required by taxpayers who report between January 1 and May 1 since we did not receive any information regarding the filing requirement until receipt of the form on July 3, 2002 (see stamped copy of form enclosed.) Matt at the Florida Division of Corporations (850) 488-9000 informed me that the taxpayer should pay this amount based on the circumstances described.

If you have any questions, please give me a call.

Very truly yours,

SALTZ, SHAMIS & GOLDFARB, INC.

Adam Berebitsky, CPA

Ohio's premier provider of financial and business services.

member of:

OSCPA, SECPS & PCPS

Divisions of AICPA, and

Affachment

Application for Automatic Extension of Time To File Corporation Income Tax Return

Form **7004**(Rev. October 2000)

119741 12-06-01

Department of the Treasury Internal Revenue Service CLIENT'S COPY

Name of corporation Employer identification number SAFEGUARD PROPERTIES, INC. 34-1647915 Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.) 650 SAFEGUARD PLAZA City or town, state, and ZIP code BROOKLYN HEIGHTS, OH 44131 Check type of return to be filed: Form 990-C Form 1120-FSC Form 1120-PC X Form 1120S Form 1120 Form 1120-H Form 1120-POL Form 1120-SF Form 1120-A Form 1120-L Form 1120-REIT Form 1120-F Form 1120-ND Form 1120-RIC • Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the Request for Automatic Extension (see instructions) a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time SEPTEMBER 16 , 2002 , to file the income tax return of the corporation named above for ► X calendar year 2001 or ▶ tax year beginning_ _____, _____, and ending b Short tax year. If this tax year is for less than 12 months, check reason: Final return Change in accounting period ___ Initial return Consolidated return to be filed Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information: **Employer identification** Name and address of each member of the affiliated group Tax period number Tentative tax 0. Payments and refundable credits: Overpayment credited from prior year Estimated tax payments for the tax year ... Less refund for the tax year applied for on Form 4466 4 c Credit for tax paid on undistributed capital gains (Form 2439) Credit for Federal tax on fuels (Form 4136) Total. Add lines 4d through 4f Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge (Signature of officer or agent) For Paperwork Reduction Act Notice, see instructions. Form 7004 (Rev. 10-2000)