

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005037

1. Entity Name

SAFEGATE AIRPORT SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

- 42519

2. Principal Place of Business
7101 NORTHLAND CIRCLE

3. Mailing Address
7101 NORTHLAND CIRCLE

Suite, Apt. #, etc.
SUITE 203

Suite, Apt. #, etc.
SUITE 203

City & State
BROOKLYN PARK, MN

City & State
BROOKLYN PARK, MN

Zip
55428

Country
USA

Zip
55428

Country
USA

4. FEI Number
65-0303945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
MICHAEL H. LEEDS

Street Address (P.O. Box Number is Not Acceptable)
BLANK ROME COMISKY & MCCAULEY

1200 N FEDERAL HIGHWAY

City
BOCA RATON

FL Zip Code
33431

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAIRMAN
BENGT A. DAHL
JARNYXEGATAN 13
MALMO, SWEDEN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100008326821

10/11/02-01003-109

\$150.00

CR20.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
PER-OLOF HAMMARLUND
JARNYXEGATAN 13
MALMO, SWEDEN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
THOMAS DUFFY
7101 NORTHLAND CIRCLE STE 203
BROOKLYN PARK, MN, 55428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR, VP, & SECRETARY
MICHAEL H. LEEDS
1200 N FEDERAL HWY, STE 309
BOCA RATON, FL, 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas B. Duffy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-02 763-535-9299

gs 10/8/02