

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003393

1. Entity Name

SAFERIDGE USA, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90004 011 \*\*\*150.00

Principal Place of Business

775 KIRKMAN RD #110  
ORLANDO FL 32811

Mailing Address

775 KIRKMAN RD #110  
ORLANDO FL 32808-9201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429091

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIMEONE, CARMEN R  
775 KIRKMAN #110  
ORLANDO FL 32811

Name

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

City

FL

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.

SIGNATURE

Signature, type 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	PD	<input type="checkbox"/> Delete
NAME	SIMEONE, CARMEN R	
STREET ADDRESS	3807 INWOOD LANDING CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GOEKJIAN, SAMUEL V	
STREET ADDRESS	4910 LOUGHBORO RD NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REED, CHARLES D	
STREET ADDRESS	1310 Q STREET NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLEAVE, DAVID S	
STREET ADDRESS	10 LYNDON CRESCENT	
CITY-ST-ZIP	GLASCOW SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEAVE, ALASTAIR	
STREET ADDRESS	10 LYNDON CRESCENT	
CITY-ST-ZIP	GLASCOW SCOTLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Apr 00

Date

407 5789595

Daytime Phone #

CR2E034 (9/99)