

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90320 036 \*\*\*150.00

**DOCUMENT # F97000003393****1. Entity Name**  
**SAFERIDGE USA, INC.****Principal Place of Business****6005 SILVER STAR RD**  
**ORLANDO FL 32808****Mailing Address****6005 SILVER STAR RD**  
**ORLANDO FL 32808****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3429091**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****SIMEONE, CARMEN R**  
**6005 SILVER STAR RD**  
**ORLANDO FL 32808****7. Name and Address of New Registered Agent**

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, 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)**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

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	GLASGOW SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEAVE, ALASTAIR	
STREET ADDRESS	10 LYNDON CRESCENT	
CITY-ST-ZIP	GLASGOW SCOTLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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

Date

Daytime Phone #

CR2E034 (9/01)