

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F97000004923

1. Entity Name
SAFE CODE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
DUNWOODY PLACE NORTH
1864 INDEPENDENCE SQUARE, SUITE D
DUNWOODY GA 30338

Mailing Address
PO BOX 888405
DUNWOODY GA 30356
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2334220

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
UZELAC, JOHN
7425 CRAIGLEITH DR
DULUTH GA 30155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
UZELAC, DIANE
7425 CRAIGLEITH DR
DULUTH GA 30155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800003361628--7
-08/18/00--01020--005
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

202

July 26, 2000

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

Dear Dept. of State,

Please accept our \$150.00 registration fee for our corporation. This latest notice was sent to us in Atlanta, and is the only correspondence we received.

We have always timely submitted our fee for the past several years and would appreciate your consideration.

Thank you,

Safe Code Inc.