


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90714 043 \*\*\*150.00

DOCUMENT # <b>PD2000085868</b>	
1. Entity Name <b>SAFE NET, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**11039502**

2. Principal Place of Business <b>1000 TONEY PENNA DR.</b>		3. Mailing Address <b>6671 W. INDIANTOWN RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 56-316</b>	
City & State <b>JUPITER FL</b>		City & State <b>JUPITER FL</b>	
Zip <b>33458</b>	Country <b>USA</b>	Zip <b>33458</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>56-2287253</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>TIMOTHY M. COOK, CPP</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>200 SALZEDO ST.</b>			
City <b>ROYAL PALM BEACH FL</b> Zip Code <b>33411</b>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Timothy M. Cook* **TIMOTHY M. COOK** 4/24/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TIMOTHY M. COOK, CPP</b> <b>200 SALZEDO ST.</b> <b>ROYAL PALM BCH, FL. 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DIETER HEINZE</b> <b>15618 82ND TERRACE N.</b> <b>PALM BCH. GARDENS, FL. 33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBERT WILSON</b> <b>774 SANCTUARY COVE DR.</b> <b>N. PALM BCH., FL. 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S E. NOLTE MCGARTHY</b> <b>1203 12TH AVE</b> <b>PALM BCH. GARDENS, FL. 33418</b>	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	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy M. Cook* **TIMOTHY M. COOK** 4/24/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)