FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 91364 049 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088728

1. Entity Name
Safe Fleet Services Inc

55047003

DO NOT WRITE IN THIS SPACE

new address

2. Principal Place of Business		3. Mailing Address	
2777 S. Ronald Reagan Blvd.		856 Grand Regency Pointe	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT 103	
City & State: Altamonte Springs FL		City & State: Alt. Springs FL	
Zip: 32701	Country: Seminole	Zip: 32714	Country: Seminole

DO NOT WRITE IN THIS SPACE
Resale # 69-8012769446-6

4. FEI Number: 14-1843032 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jeff. Rothman
Street Address (P.O. Box number is Not Acceptable): 856 GRAND REGENCY POINTE #103
City: ALT SPRINGS FL Zip Code: 32714

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 [signature] 6/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing between January 1 and 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	~~President~~	TITLE	
NAME	~~Rothman Jeffrey L~~	NAME	
STREET ADDRESS	~~381 Emerald Estates Circle~~	STREET ADDRESS	
CITY-ST-ZIP	~~Apopka FL 32703~~	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Rothman, Jeffrey L	NAME	
STREET ADDRESS	856 Grand Regency Pointe APT 103	STREET ADDRESS	
CITY-ST-ZIP	Alt. Springs, FL 32714	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
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CR2E034B (12/02)

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: [signature] President Jeffrey Rothman 4-22-03 321-303-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #