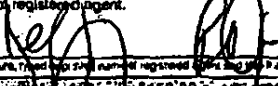
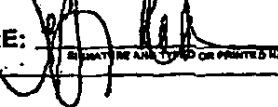


FILED
Jun 09, 2003 8:00 am
Secretary of State

04-28-2003 91364 049 ***150.00

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

DOCUMENT # P02000088728			
1. Entity Name Safe Fleet Services Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2777 S. Ronald Reagan Blvd.		3. Mailing Address 856 Grand Regency Pointe	
Suite, Apt. #, etc. Suite APT 103		Resale # 69-8012769446-6	
City & State Altamonte Springs FL		City & State Alt Springs FL	
Zip 32701		Zip 32714	
Country Seminole		Country Seminole	
4. FEI Number 14-1843032		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent			
Name Jeff Rothman			
Street Address 856 GRAND REGENCY POINTE #103			
City ALT SPRINGS FL Zip 32714			
6. 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 		DATE 6/6/03	
7. 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.		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE President		TITLE	
NAME Jeffrey L Rothman		NAME	
STREET ADDRESS 856 Grand Regency Pointe		STREET ADDRESS	
CITY-STATE-ZIP ALT SPRINGS, FL 32714		CITY-STATE-ZIP	
TITLE President		TITLE	
NAME Jeffrey L Rothman		NAME	
STREET ADDRESS 856 Grand Regency Pointe		STREET ADDRESS	
CITY-STATE-ZIP ALT SPRINGS, FL 32714		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE 		President Jeffrey Rothman 4-22-03 321-303-3457	