

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014518

1. Entity Name

SAFEGUARD SERVICES SOUTHEAST, INC.

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90040 027 ***150.00

0595463

Principal Place of Business
452 SUGARGLEN RD
SKI VALLEY ACRES
WAITSFIELD VT 05673

Mailing Address
452 SUGARGLEN RD
SKI VALLEY ACRES
WAITSFIELD VT 05673

605846



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 03-0346588
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
F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, JAMES R		NAME		
STREET ADDRESS	452 SUGARGLEN DR		STREET ADDRESS		
CITY-ST-ZIP	WAITSFIELD VT 05673		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, MARY L		NAME		
STREET ADDRESS	452 SUGARGLEN DR		STREET ADDRESS		
CITY-ST-ZIP	WAITSFIELD VT 05673		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, DOROTHY ANN		NAME		
STREET ADDRESS	48 TIMBER MILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	STANFORD CT 06903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFFEL, M. CAMERON		NAME		
STREET ADDRESS	CANTERBURY SCHOOL, 167 ASPATUCK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW MILFNO CT 06776		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Coach, Elizabeth V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COACH, ELIZABETH V.		NAME	303 Paddock St.	
STREET ADDRESS	63 WESTCOTT DRIVE		STREET ADDRESS	Watertown, NY 13601	
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Briggs, James P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, JAMES P.		NAME	14 Femia Rd.	
STREET ADDRESS	22 UPHORN ST		STREET ADDRESS	Ashland, MA 01721	
CITY-ST-ZIP	WEST NEWTON MA 02465		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: James R. Briggs 1-10-2001 802-496-2084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)