

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90016 011 ***150.00

DOCUMENT # P95000020557

1. Entity Name
SECURSAFE, INC.

Principal Place of Business 6765 CALLE DEL PAZ BOCA RATON FL 33433 US	Mailing Address 612 E COLONIAL DRIVE SUITE #150 ORLANDO FL 32803 4650 US
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2. Principal Place of Business 3501 S Orange Blossom Trail	3. Mailing Address P.O. Box 54044
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL	4. FEI Number 65-0567514	Applied For <input type="checkbox"/> Not Applicable
Zip 32839	Country USA	Zip 32854	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~THARP, PHILIP A~~
~~612 E COLONIAL DRIVE~~
~~SUITE #150~~
~~ORLANDO FL 32803~~

7. Name and Address of New Registered Agent
 Name **THARP, PHILIP A**
 Street Address (P.O. Box Number is Not Acceptable)
~~612 E COLONIAL DR.~~
SUITE 150
 City **Orlando FL 32803 FL** Zip Code **32839**

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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D NAME THARP, PHILIP A STREET ADDRESS 612 E COLONIAL DRIVE SUITE #150 CITY-ST-ZIP ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete	TITLE D NAME THARP, PHILIP A STREET ADDRESS 612 E COLONIAL DRIVE, SUITE 150 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME BLACKWELL, RICHARD STREET ADDRESS 6765 CALLE DEL PAZ CITY-ST-ZIP BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED** DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)