

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 006 ***158.75

DOCUMENT # P95000053175



1. Entity Name
BE SAFE SECURITY SYSTEM, INC.

Principal Place of Business
5688 W. CRENSGAW STREET
#200
TAMPA FL 33635

Mailing Address
5688 W. CRENSGAW STREET
#200
TAMPA FL 33635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3321203**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHONG, DAVID
12088 ANDERSON RD
#126
TAMPA FL 33635

Name **DONALD LICHTERMAN**
Street Address (P.O. Box Number is Not Acceptable)
5688 W CRENSHAW ST #200
City **TAMPA** FL Zip Code **33634**

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 *David Chong*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-23-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHONG, DAVID	
STREET ADDRESS	12088 ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	President	<input type="checkbox"/> Delete
NAME	TANYA CRUZ	
STREET ADDRESS	11001 HIGHLAND DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Donald Lichterman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	DONALD LICHTERMAN	
STREET ADDRESS	5688 W. CRENSHAW ST #200	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	President	<input type="checkbox"/> Delete
NAME	TANYA CRUZ	
STREET ADDRESS	5688 W. CRENSHAW ST.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	Secretary, Director	<input type="checkbox"/> Delete
NAME	LENA LINDSAY	
STREET ADDRESS	5688 W. CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *TANYA CRUZ* **4/23/03** **813-269-0444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)