727-726-3310

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700060355 1. Entity Name SAFENET FINANCIAL SERVICES, INC.					Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90144 018 ***150.00		
Principal Place of Business Mailing Address 311 PARK PLACE BLVD 311 PARK PLACE BLVD 225 225 CLEARWATER FL 33759 CLEARWATER FL 33759					1 14821481 128 18112 18821 88111 88211 88	III Bene e hik ehibo ikan	B) B1 B1) 1881
2. Principal Place of Business 13777 Belcher Road South Suite, Apt. #, etc. 3. Mailing Address 13777 Belcher Ro				uth			
City & State City & State			_	4.	4. FEI Number S9-3457068 Applied For Not Applied For		
Zip 33771	Country	Largo, FL Zip 33771	Country US		Certificate of Status Desired	\$8.75 Ad	
	- 6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Regis	itered Agent	
PIAZZA, JOHN J JR. 311 PARK PLACE BOULEVARD SUITE 255				Street Address (P.O. Box Number is Not Acceptable) 13777 Belcher Road South			
CLEARWATER FL 34619				 go		FL Zip Cod	ie 7 1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to De				550.00 t of State	Election Campaign Financi Trust Fund Contribution.	☐ Added	00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAZZA, JOHN J JR. 311 PARK PLACE BOULEVARD, SL CLEARWATER FL 33759	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	13777 В	elcher Road South	RS AND DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMBARDI, RITA A 311 PARK PLACE BLVD #225 CLEARWATER FL 33759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13777 В	elcher Road South FL 33771	∠ X Change	Addition
TITLE NAME ^ STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	سيد حجود د در سالت الت	☐ Change	Addition
TITLE NAME Street address City-St-Zip		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
of the corp	ertify that the information supplied with this on this report or supplemental report is truboration or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report as r	e exemption state ignature shall ha required by Chap	ed in Section 1 ave the same le pter 607, Floric	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; t la Statutes; and that my name app	er certify that the in hat I am an officer (ears in Block 11 or	formation or director Block 12 if

X Rita A Lombardi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _