

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000079966

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: SAFE ONE SECURITY, INC.

**Current Principal Place of Business:**

5580 N PINE ISLAND RD  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5580 N PINE ISLAND RD  
LAUDERHILL, FL 33351

**New Mailing Address:**

FEI Number: 65-0863322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUCCI, MARK S ESQ  
ONE FINANCIAL PLAZA, SUITE 1600  
FORT LAUDERDALE, FL 33394      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BASILONE, ROBERT  
Address: 5580 N PINE ISLAND RD  
City-St-Zip: LAUDERHILL, FL 33351

Title: D      (X) Delete  
Name: EVANS, JOHN  
Address: 5580 N PINE ISLAND RD  
City-St-Zip: LAUDERHILL, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BASILONE

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date