

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90079 050 ***150.00

0001389

DOCUMENT # P99000021694

1. Entity Name

SAFE T T & T, INC.

Principal Place of Business
**8700 SOUTHSIDE BOULEVARD
SUITE 411
JACKSONVILLE FL 32256**

Mailing Address
**8700 SOUTHSIDE BOULEVARD
SUITE 411
JACKSONVILLE FL 32256**

00029951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2965 TUSCARORA TRL
Suite, Apt. #, etc.

3. Mailing Address

2965 TUSCARORA TRL
Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

4. FEI Number

59-3561773

Applied For

Not Applicable

Zip

32068

Country

CLAY

Zip

32068

Country

CLAY

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

3-15-01

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

TITLE **PSTD** ☒ Delete
NAME **DARWEESH, TALAL T**
STREET ADDRESS **8700 SOUTHSIDE BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **President** ☐ Delete
NAME **DARWEESH TALAL S**
STREET ADDRESS **2965 TUSCARORA TRL**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

T. Darweesh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01
Date

Officer
Daytime Phone #

CR2E034 (10/00)