

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90020 030 ***150.00

DOCUMENT # P99000071009

1. Entity Name
SAFEGUARD SHUTTER SOLUTIONS, INC.

A0026071



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4540 HIGHWAY 20 EAST NICEVILLE FL 32578	Mailing Address 4540 HIGHWAY 20 EAST NICEVILLE FL 32578-9755
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2. Principal Place of Business 1524 Glenlake Cove Suite, Apt. #, etc.	3. Mailing Address 1524 Glenlake Cove Suite, Apt. #, etc.
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City & State Niceville, FL	City & State Niceville, FL	4. FEI Number 59-3609585	Applied For <input type="checkbox"/> Not Applicable
Zip 32578	Country United States	Zip 32578	Country United States

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZIVAN, JEROME A
4540 HIGHWAY 20 EAST
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name **Peter W. Kueth**

Street Address (P.O. Box Number is Not Acceptable)
1524 Glenlake Cove

City **Niceville** FL **32578**

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 **Peter Kueth** **29 FEB 2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 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		
TITLE	NAME	<input type="checkbox"/> Delete
D P, S, T	KUETH, PETER W	<input type="checkbox"/>
STREET ADDRESS	1524 GLENLAKE COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<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: **Peter Kueth** **29 FEB 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #