

**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.**

Principal Place of Business

Mailing Address

**4540 HIGHWAY 20 EAST  
NICEVILLE FL 32578****4540 HIGHWAY 20 EAST  
NICEVILLE FL 32578-9755**

2. Principal Place of Business

3. Mailing Address

**1524 Glenlake Cove****1524 Glenlake Cove**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Niceville, FL**

City &amp; State

**Niceville, FL**

4. FEI Number

**59-3609585**

Applied For

Not Applicable

Zip  
**32578**

Country

**United States**Zip  
**32578**

Country

**United States**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIVAN, JEROME A  
4540 HIGHWAY 20 EAST  
NICEVILLE FL 32578**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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D P, S, T  
KUETH, PETER W**  
STREET ADDRESS  
CITY-ST-ZIP **1524 GLENLAKE COVE  
NICEVILLE FL 32578**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter Kueth 29 FEB 2000**

Date

Daytime Phone #