

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078937

1. Entity Name
SAFETRUST, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90052 010 ***150.00

Principal Place of Business

**257 PLAZA DRIVE UNIT D
OVIEDO FL 32765**

Mailing Address

**257 PLAZA DRIVE UNIT D
OVIEDO FL 32765**

2. Principal Place of Business

**650 S. Central Ave
Suite Apt. #, etc. 1000
City & State OVIEDO, FL
Zip 32765 Country USA**

3. Mailing Address

**650 S. Central Ave
Suite Apt. #, etc. 1000
City & State OVIEDO, FL
Zip 32765 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3595513**

Applied For
Not Applicable

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

**CLARK, SCOTT D
369 N. NEW YORK AVENUE
THIRD FLOOR
WINTER PARK FL 32789**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KENNETH L 257 PLAZA DRIVE UNIT D OVIEDO FL 32765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth L. White 3-9-01 407-366-9668

CR2E034 (10/00)