

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094894

Entity Name: SAFE PAY SERVICES, INC.**Current Principal Place of Business:**3020 MANNINGTON DRIVE
CHARLOTTE, NC 28270**Current Mailing Address:**3020 MANNINGTON DRIVE
CHARLOTTE, NC 28270 US**FEI Number:** 27-1560147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASMA, C. NICK
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US*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**Officer/Director Detail :**

Title	DPST
Name	WADE, SARAH
Address	2908 MISTY HILL LANE
City-State-Zip:	CHARLOTTE NC 28270

Title	D
Name	EAYRS, KELLY
Address	3020 MANNINGTON DRIVE
City-State-Zip:	CHARLOTTE NC 28270

Title	DIRECTOR
Name	EAYRS, ERNEST
Address	7979 MAGNOLIA SQ.
City-State-Zip:	SANDY SPRINGS GA 30350

I hereby 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 all other like empowered.

SIGNATURE: KELLY EAYRS

D

04/30/2021

Electronic Signature of Signing Officer/Director Detail_____
Date