

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 30, 2008  
Secretary of State

DOCUMENT# N01000004583

Entity Name: S.A.F.E., INC.

**Current Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Principal Place of Business:**

6 SLOW STREAM WAY  
ORMOND BEACH, FL 321741826

**Current Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Mailing Address:**

P.O. BOX 263135  
DAYTONA BEACH, FL 321263135

FEI Number: 59-3735449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SEEBER, BRIAN R  
6 SLOW STREAM WAY  
ORMOND BEACH, FL 32174    US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEEBER, BRIAN R  
Address: 6 SLOW STREAM WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DVP ( ) Delete  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: DT (X) Delete  
Name: VITECKA, RICHARD L  
Address: 620 PALMER STREET  
City-St-Zip: ORLANDO, FL 32801

Title: DS ( ) Delete  
Name: PISCHETOLA, CYNDIE  
Address: 9120 TELFER RUN  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: BROWN, MARGARET  
Address: 4320 YORKTOWNE ROAD  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: NEUBAUER, GLENN R  
Address: 18025 LAFAYETTE DRIVE  
City-St-Zip: OLNEY, MD 20832 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. SEEBER

DP

08/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004583

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** S.A.F.E., INC.

**Current Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Principal Place of Business:**

**Current Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Mailing Address:**

**FEI Number:** 59-3735449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SEEBER, BRIAN R  
6 SLOW STREAM WAY  
ORMOND BEACH, FL 32174 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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEEBER, BRIAN R  
Address: 6 SLOW STREAM WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Delete  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Delete  
Name: VITECKA, RICHARD L  
Address: 620 PALMER STREET  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: PISCHETOLA, CYNDIE  
Address: 9120 TELFER RUN  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: BROWN, MARGARET  
Address: 4320 YORKTOWNE ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. SEEBER

DP

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 09, 2006  
Secretary of State

DOCUMENT# N01000004583

Entity Name: S.A.F.E., INC.

**Current Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Principal Place of Business:**

**Current Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Mailing Address:**

FEI Number: 59-3735449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SEEBER, BRIAN R  
3740 HALF MOON DRIVE  
ORLANDO, FL 328123818 US

**Name and Address of New Registered Agent:**

SEEBER, BRIAN R  
6 SLOW STREAM WAY  
ORMOND BEACH, FL 32174 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: BRIAN R. SEEBER

05/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEEBER, BRIAN R  
Address: 3740 HALF MOON DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: DVP ( ) Delete  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: DT ( ) Delete  
Name: KATZ, JOEL J  
Address: 6772 SCIMITAR AVENUE  
City-St-Zip: ORLANDO, FL 32812

Title: DS ( ) Delete  
Name: PISCHETOLA, CYNDIE  
Address: 9120 TELFER RUN  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: BROWN, MARGARET  
Address: 4320 YORKTOWNE ROAD  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SEEBER, BRIAN R  
Address: 6 SLOW STREAM WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DVP (X) Change ( ) Addition  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: DT (X) Change ( ) Addition  
Name: VITECKA, RICHARD L  
Address: 620 PALMER STREET  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. SEEBER

DP

05/09/2006

Electronic Signature of Signing Officer or Director

Date

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004583

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: S.A.F.E., INC.

**Current Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Principal Place of Business:**

**Current Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Mailing Address:**

FEI Number: 59-3735449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEEBER, BRIAN R  
3740 HALF MOON DRIVE  
ORLANDO, FL 328123818 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEEBER, BRIAN R  
Address: 3740 HALF MOON DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: DVP ( ) Delete  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Change (X) Addition  
Name: KATZ, JOEL J  
Address: 6772 SCIMITAR AVENUE  
City-St-Zip: ORLANDO, FL 32812

Title: DS ( ) Change (X) Addition  
Name: PISCHETOLA, CYNDIE  
Address: 9120 TELFER RUN  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Change (X) Addition  
Name: BROWN, MARGARET  
Address: 4320 YORKTOWNE ROAD  
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R SEEBER

DP

03/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004583

**FILED  
Sep 10, 2004  
Secretary of State**

Entity Name: S.A.F.E., INC.

**Current Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Principal Place of Business:**

**Current Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**New Mailing Address:**

FEI Number: 59-3735449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANKE, DOUGLAS P  
330 W BEARSS AVENUE  
TAMPA, FL 336131228 US

**Name and Address of New Registered Agent:**

SEEBER, BRIAN R  
3740 HALF MOON DRIVE  
ORLANDO, FL 328123818 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: BRIAN R. SEEBER      09/10/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SEEBER, BRIAN R  
Address: 3740 HALF MOON DRIVE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Delete  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. SEEBER      DP      09/10/2004  
Electronic Signature of Signing Officer or Director      Date

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004583

**FILED**  
**Jan 07, 2004**  
**Secretary of State**

**Entity Name:** S.A.F.E., INC.

**Current Principal Place of Business:**

4563 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 328391752

**New Principal Place of Business:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**Current Mailing Address:**

4563 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 328391752

**New Mailing Address:**

5607 HANSEL AVENUE  
ORLANDO, FL 328094215

**FEI Number:** 59-3735449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANKE, DOUGLAS P  
330 W BEARSS AVENUE  
TAMPA, FL 336131228 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: BROWN, MARGARET W  
Address: 4320 YORKTOWNE ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: DT ( ) Delete  
Name: RASCH, ROBERT W  
Address: 701 LIVE OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete  
Name: NEUBAUER, GLENN R  
Address: 4563 S ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 328391752

Title: DVP (X) Delete  
Name: SAVERY, DONALD  
Address: 4670 SOUTH HIGHWAY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DP (X) Delete  
Name: SEEBER, BRIAN R  
Address: 3740 HALF MOON DRIVE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SEEBER, BRIAN R  
Address: 3740 HALF MOON DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: DVP (X) Change ( ) Addition  
Name: NEUBAUER, GLENN R  
Address: 5607 HANSEL AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R SEEBER

DP

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90206 044 \*\*\*\*61.25

**DOCUMENT # N01000004583**

1. Entity Name  
**S.A.F.E., INC.**



Principal Place of Business      Mailing Address  
**4563 S ORANGE BLOSSOM TRAIL**      **4563 S ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32839-1752**      **ORLANDO FL 32839-1752**

11014307



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3735449**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HANKE, DOUGLAS P**  
**330 W BEARSS AVENUE**  
**TAMPA FL 33613-1228**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>DT</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HANKE, DOUGLAS P</b>            |  |
| STREET ADDRESS | <b>330 W BEARSS AVENUE</b>         |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33613-1228</b>         |  |
| TITLE          | <b>DP</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ANTHONY, JOHN T</b>             |  |
| STREET ADDRESS | <b>25 PINE VALLEY CIRCLE</b>       |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>       |  |
| TITLE          | <b>DS</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VICKERS, CHARLES A JR</b>       |  |
| STREET ADDRESS | <b>535 E MERRITT ISLAND CSWY</b>   |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32952</b>     |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>NEUBAUER, GLENN R</b>           |  |
| STREET ADDRESS | <b>4563 S ORANGE BLOSSOM TRAIL</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32839-1752</b>       |  |
| TITLE          | <b>DVP</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>SAVERY, DONALD</b>              |  |
| STREET ADDRESS | <b>4670 SOUTH HIGHWAY A1A</b>      |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b>    |  |
| TITLE          | <b>DP</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>BRIAN R. SEEBER</b>             |  |
| STREET ADDRESS | <b>3740 HALF MOON DRIVE</b>        |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32812-3818</b>       |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>DS</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARGAROT W. BROWN</b>            |  |
| STREET ADDRESS | <b>4320 YORKTOWNE ROAD</b>          |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32812</b>             |  |
| TITLE          | <b>DT</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ROBERT W. RASCH</b>              |  |
| STREET ADDRESS | <b>201 LIVE OAK LANE</b>            |  |
| CITY-ST-ZIP    | <b>ALTA MONTE SPRINGS, FL 32714</b> |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: BRIAN R. SEEBER, PRES.      Date: 4/21/03      Daytime Phone #: 4074227233

CR2E037 (10/02)

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000004583

1. Entity Name  
**S.A.F.E., INC.**

Principal Place of Business  
**4563 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1752**

Mailing Address  
**4563 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1752**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**02 UBR vol 3**

**FILED**

02 DEC 31 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3735449**

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**

**HANKE, DOUGLAS P  
330 W BEARSS AVENUE  
TAMPA FL 33613-1228**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SEEBER, BRIAN R</b>             |  |
| STREET ADDRESS | <b>4563 S ORANGE BLOSSOM TRAIL</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32839-1752</b>       |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>HANKE, DOUGLAS P</b>            |  |
| STREET ADDRESS | <b>330 W BEARSS AVENUE</b>         |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33613-1228</b>         |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>ANTHONY, JOHN T</b>             |  |
| STREET ADDRESS | <b>25 PINE VALLEY CIRCLE</b>       |  |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>       |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>VICKERS, CHARLES A JR</b>       |  |
| STREET ADDRESS | <b>535 E MERRITT ISLAND CSWY</b>   |  |
| CITY-ST-ZIP    | <b>MERRITT ISLAND FL 32952</b>     |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>NEUBAUER, GLENN R</b>           |  |
| STREET ADDRESS | <b>4563 S ORANGE BLOSSOM TRAIL</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32839-1752</b>       |  |
| TITLE          | <b>SAVERY, DONALD</b>              | <input type="checkbox"/> Delete            |
| NAME           | <b>4670 SOUTH HIGHWAY A1A</b>      |  |
| STREET ADDRESS | <b>MELBOURNE BEACH, FL 32951</b>   |  |
| CITY-ST-ZIP    |                                    |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |             |  |
|----------------|-------------|--|
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |
| TITLE          | <b>DIT</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |
| TITLE          | <b>DIP</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |
| TITLE          | <b>DIS</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |
| TITLE          | <b>D</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |
| TITLE          | <b>D/VP</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |             |  |
| STREET ADDRESS |             |  |
| CITY-ST-ZIP    |             |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DOUGLAS P. HANKE, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02 813-961-5926**  
Date Daytime Phone #

CR2FR37 (9/01)



2al3

**S.A.F.E., Inc.  
Board of Directors  
2002**

D/P

John T. Anthony  
c/o Bank of America  
200 East Granada Blvd.  
Ormond Beach, FL 32176

D/T

Douglas P. Hanke  
330 W. Bearss Avenue  
Tampa, FL 33613-1228

D

Randy Neubauer  
18025 Lafayette Drive  
Olney, MD 20832

D/VP

Don Savery  
4670 South Highway A1A  
Melbourne Beach, FL 32951

D/S

Buddy Vickers  
641 Iroquois Street  
Merritt Island, FL 32952