

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90077 016 ***150.00

DOCUMENT # F94000002803

1. Entity Name

SAFE BERTH MAINTENANCE, INC.

Principal Place of Business CHATHAM CENTER DR 350 ORLEAN BLDG SAVANNAH GA 31405	Mailing Address 6001 CHATHAM CENTER DR SUITE 350 ORLEAN BLDG SAVANNAH GA 31405-1370
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P. O. Box 2253
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Savannah, GA	4. FEI Number 58-2111564	Applied For <input type="checkbox"/> Not Applicable
Zip 31402	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURCH, KEN
 5051 PROPELLEN DRIVE
 JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent
 Name: Robert C. Schuler
 Street Address (P.O. Box Number is Not Acceptable):
 5051 Propeller Drive
 City: Jacksonville FL Zip Code: 32226

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: *Robert C. Schuler* Robert C. Schuler Gen Mgr, FL 4/19/00
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 STREET ADDRESS CITY-ST-ZIP	CEO PEEPLS, FRANK K. 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYFIELD, E. GAY 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROUSE, DEBRA M 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENTON, JOHN R JR 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ann P. Cox 6001 Chatham Ctr. Dr. Ste. 350 Savannah, GA 31405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ann P. Cox* Secretary 4/11/00 (912)239-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/999