

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000081517

FILED
Jan 14, 2003
Secretary of State

Entity Name: DIGITSAFE CONSULTING, INC.

Current Principal Place of Business:

404 S NEWPORT AVE APT 12
TAMPA, FL 33606

New Principal Place of Business:

404 SOUTH NEWPORT AVENUE
SUITE 12
TAMPA, FL 33606

Current Mailing Address:

404 S NEWPORT AVE APT 12
TAMPA, FL 33606

New Mailing Address:

404 SOUTH NEWPORT AVENUE
SUITE 12
TAMPA, FL 33606

FEI Number: 56-2285349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JEFFREY
404 S NEWPORT AVE APT 12
TAMPA, FL 33606

Name and Address of New Registered Agent:

THOMPSON, JEFFREY S
404 SOUTH NEWPORT AVE
SUITE 12
TAMPA, FL 33606

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: JEFFREY THOMPSON

01/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, JEFFREY
Address: 404 S NEWPORT AVE APT 12
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, JEFFREY S
Address: 404 S NEWPORT AVE, APT 12
City-St-Zip: TAMPA, FL 33606

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY THOMPSON

PD

01/14/2003

Electronic Signature of Signing Officer or Director

Date