2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90141 021 ****70.00

DOCUMENT # 748181

1. Entity Name

SAFESPACE, INC.

Principal Place of Business	Mailing Address
510 ORANGE AVE FT. PIERCE FL 34950 US	P.O. BOX 4075 FT PIERCE FL 34948-4075 US

907231

DO NOT WRITE IN THIS SPACE

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 59-1983994 ☐ 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
SWANSON, DEBRA L 10782 S. US 1 PORT ST. LUCIE FL 34952	Name: Hylan Bryan Street Address (P.O. Box Number is Not Acceptable): 510 Orange Ave City: Ft. Pierce **FL** Zip Code: 34950

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: Hylan Bryan HYLAN BRYAN 1-17-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAGGART, SUSAN 520 NW CALIFORNIA BLVD. PT. ST. LUCIE FL 34986	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Dean, Charlotte 5880 Lundberg Rd Vero Beach, Fl., 32966	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEAN, CHARLOTTE 5880 LUNDBERG RD. VERO BEACH FL 32966	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Davis, Sonja 1555 NW St. Lucie W. Blvd Pt. St. Lucie, Fl., 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILL, HARRIETT R 411 S. SECOND STREET FT PIERCE FL 34950	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Rowley, Jane 510 Orange Ave Ft. Pierce, Fl., 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRELL, JAMES 707 E. OSCEOLA ST. STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADM SWANSON, DEBRA L 10782 S. US 1 PORT ST. LUCIE FL 34952	☒ Delete	TITLE ADM NAME STREET ADDRESS CITY-ST-ZIP	Bryan, Hylan 510 Orange Ave. Ft. Pierce, Fl., 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 1-17-01 561-595 0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #