2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90191 031 ****61.25

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

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
HYLAN, BRYAN 510 ORANGE AVE FORT PIERCE FL 34950	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DEAN, CHARLOTTE 5880 LUNDBERG RD VERO BEACH FL 32966	☒ Delete	PRESIDENT HEISLER, PHYLLIS 8030 SE COLONY DR. STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, SONJA 1555 NW ST LUCIE W BLVD PORT SAINT LUCIE FL 34986	☒ Delete	V.P. HARRELL, JAMES 1885 N.W. EAGLE POINT STUART, FL. 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROWLEY, JANE 510 ORANGE AVE FORT PIERCE FL 34950	☒ Delete	S. GOJKOVICH, MICHELE 121 SW. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL. 34984	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRELL, JAMES 707 E. OSCEOLA ST. STUART FL 34994	☐ Delete	T. TO BE DETERMINED	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADM BRYAN, HYLAN 510 ORANGE AVE FORT PIERCE FL 34950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 HYLAN BRYAN 4/11/02 (561)595-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #