# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2003**
**Secretary of State**

DOCUMENT# 748181

**Entity Name:** SAFESPACE, INC.

**Current Principal Place of Business:**

510 ORANGE AVE
FT. PIERCE, FL 34950 US

**New Principal Place of Business:**

803 NORTH 7TH STREET
FT. PIERCE, FL 34950 US

**Current Mailing Address:**

P.O. BOX 4075
FT PIERCE, FL 349484075 US

**New Mailing Address:**

**FEI Number: 59-1983994** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

HYLAN, BRYAN
510 ORANGE AVE
FORT PIERCE, FL 34950 US

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

HYLAN, BRYAN
803 NORTH 7TH STREET
FORT PIERCE, FL 34950 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: _____ 05/21/2003
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HEISLER, PHYLLIS
Address: 8030 SE COLONY DR
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete
Name: HARRELL, JAMES
Address: 1885 N.W EAGLE POINT
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete
Name: GOJKOVICH, MICHELE
Address: 121 SW PT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T ( ) Delete
Name: HARRELL, JAMES
Address: 707 E. OSCEOLA ST.
City-St-Zip: STUART, FL 34994

Title: ADM ( ) Delete
Name: BRYAN, HYLAN
Address: 510 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34950

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

Title: PD (X) Change ( ) Addition
Name: WEISS, SUZANNE
Address: 1114 SE SABINA LANE
City-St-Zip: PORT ST. LUCIE, FL 34985

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

Title: S (X) Change ( ) Addition
Name: LUYENDYK, LINDA
Address: 1880 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Change ( ) Addition
Name: BONAN, ELIZABETH
Address: 2141 SW RACQUET CLUB DR.
City-St-Zip: PALM CITY, FL 34990

Title: ADM (X) Change ( ) Addition
Name: BRYAN, HYLAN
Address: 803 N. 7TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: HYLAN BRYAN ADM 05/21/2003
Electronic Signature of Signing Officer or Director — Date