2003 FOR PROFIT CORPORATION

Feb 28, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State F32782 DOCUMENT # 1. Entity Name 02-28-2003 90154 027 ***150.00 LIFESAVING SYSTEMS CORPORATION Principal Place of Business Mailing Address 220 ELSBERRY ROAD 220 ELSBERRY ROAD **EDATATES** APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2067659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANESS, SAMUEL G Street Address (P.O. Box Number is Not Acceptable) 6423 RUBIA CR APOLLO BEACH FL 33572 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing - After May 1, 2003 Fee will be \$550:00 -\$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANESS, BARBARA NAME NAME STREET ADDRESS 6423 RUBIA CR STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL CITY-ST-ZIP TITLE __ Delete TITLE ☐ Change ☐ Addition MANESS, SAMUEL NAME NAME STREET ADDRESS 6423 RUBIA CR STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Maness

3-03-2003 Date

813-645-2748

FILED

Daytime Phone #