2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90071 014 ***150.00

DOCUMENT # F93000002316

1. Entity Name
ENSAFE INC.

Principal Place of Business	Mailing Address
5724 SUMMER TREES DR. MEMPHIS TN 38134	5724 SUMMER TREES DR. MEMPHIS TN 38134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5724 Summer Trees Dr. Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: Memphis, /TN.	City & State:
Zip: 38134 Country: Shelby	Zip: Country:

4. FEI Number 58-1402235 ☐ 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
SMITH, CRAIG 201 NORTH PALAFOX STREET SUITE 200 PENSACOLA FL 32504	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. 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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP COOP, PHILLIP G 5724 SUMMER TREES DR. MEMPHIS TN 38134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Sandra Reagan 162 D-Market Place Blvd. Knoxville, TN 37922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVCS SPEAKMAN, JAMES N 5724 SUMMER TREES DR. MEMPHIS TN 38134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WOOD, MICHAEL A 5724 SUMMER TREES DR. MEMPHIS TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SOTDDARD, PAUL V 5724 SUMMER TREES DR. MEMPHIS TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WISE, CRAIG A 5724 SUMMER TREES DR MEMPHIS TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GRAY-DAVIS, GINNY L 895 CENTRAL AVE STE 610 CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael A. Wood, CFO 2-7-2003 901-372-7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #