

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90026 022 ***150.00

DOCUMENT # F94000002803

1. Entity Name

SAFE BERTH MAINTENANCE, INC.

Principal Place of Business

Mailing Address

6001 CHATHAM CENTER DR
SUITE 350 ORLEAN BLDG
SAVANNAH GA 31405

PO BOX 2253
SAVANNAH GA 31402

943300

2. Principal Place of Business

One Harbor Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Savannah, GA

City & State

4. FEI Number 58-2111564

Applied For

Not Applicable

Zip

31401

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULER, ROBERT C
5051 PROPELLER DRIVE
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2085 Talleyrand Avenue

City

Jacksonville

FL

Zip Code

32206

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PEEPLER, FRANK K. 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA 31405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYFIELD, E. GAY 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA 31405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, ANN P 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA 31405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENTON, JOHN R JR 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA 31405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann P. Cox, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

912-239-1331

Daytime Phone #

CR2E034 (10/00)