

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005127

FILED  
May 03, 2002 8:00 AM  
Secretary of State

Entity Name: C-SAFE INCORPORATED

## Current Principal Place of Business:

P O BOX 642  
GULF BREEZE, FL 32561

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 642  
GULF BREEZE, FL 32561

## New Mailing Address:

FEI Number: 80-0020250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEAD, TERRY  
102 POINCIANA DR  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEAD, TERRY  
Address: P O BOX 642  
City-St-Zip: GULF BREEZE, FL 32562

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: WEST, MIKE  
Address: PO BOX 642  
City-St-Zip: GULF BREEZE, FL 32562

Title: S/T ( ) Change (X) Addition  
Name: MEAD, VICKIE  
Address: PO BOX 642  
City-St-Zip: GULF BREEZE, FL 32562

Title: D ( ) Change (X) Addition  
Name: COBIA, TED  
Address: PO BOX 642  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Change (X) Addition  
Name: NELSON, NANCY  
Address: PO BOX 642  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Change (X) Addition  
Name: COBIA, NINA  
Address: PO BOX 642  
City-St-Zip: GULF BREEZE, FL 32561

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: TERRY MEAD

P

05/03/2002

Electronic Signature of Signing Officer or Director

Date