

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005127

FILED
Aug 14, 2003
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: VP () Delete
Name: WEST, MIKE
Address: PO BOX 642
City-St-Zip: GULF BREEZE, FL 32562

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

08/14/2003

Electronic Signature of Signing Officer or Director

Date