

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002772

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: S.A.F.E. SOCIETY OF FLORIDA, INC.

## Current Principal Place of Business:

1436 NORMANDY LANE  
PALM HARBOR, FL 34683

## New Principal Place of Business:

## Current Mailing Address:

1436 NORMANDY LANE  
PALM HARBOR, FL 34683

## New Mailing Address:

FEI Number: 02-0591766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VOGEL, KIM M  
1436 NORMANDY LANE  
PALM HARBOR, FL 34683 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: PD ( ) Delete  
Name: VOGEL, KIM  
Address: 1436 NORMANDY LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: DAY, LENORE  
Address: 2989 PINE FOREST DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: KULCZYK, CAROL  
Address: 4823 INVERNESS CT., APT 101  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: LISI, JEN  
Address: 1455-B COBURN DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: VOGEL, KENNETH  
Address: 1436 NORMANDY LANE  
City-St-Zip: TARPON SPRINGS, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KIM M. VOGEL

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date