

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90032 003 ****61.25

0087534

DOCUMENT # N20355

1. Entity Name

S.A.F.E., INC. (SHORES ACTION FORCE EYES)

Principal Place of Business

Mailing Address

**S.A.F.E. INC.
493 OAK ROAD
OCALA FL 34472
US****493 OAK ROAD
OCALA FL 34472
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**BURT, KEN
2 PECAN PASS DRIVE
OCALA FL 34472-2463**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GIL HANLON	6 HICKORY TRACK RUN	OCALA FL	<input type="checkbox"/>
VP	EDWARD MCQUEEN	15 BAHIA PASS TRACK	OCALA FL	<input type="checkbox"/>
D	GEROULO, WILLIAM	7947 MIDWAY DRIVE TER.	OCALA FL 34472	<input type="checkbox"/>
D	BENEDICT, LEE	507 SPRING LAKE ROAD	OCALA FL 34472	<input type="checkbox"/>
D	SHERRO, THELMA	9 BAHIA COURT TRACK	OCALA FL-34472	<input checked="" type="checkbox"/>
D	DICK HOGE	7 HICKORY TRACK WAY	OCALA FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:**SCOTT J. SHERRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)