

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90219 041 ****61.25

DOCUMENT # N20355

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**493 OAK ROAD
OCALA FL 34472
US**

43007101

2. Principal Place of Business

S.A.F.E. INC.

3. Mailing Address

P.O. Box 831682

Suite, Apt.

Suite, Apt. #, etc.

501 WATER RD

City & State

OCALA

City & State

OCALA FL

Zip

FL

Country

USA

Zip

34472

Country

3

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GIL HANLON**
STREET ADDRESS **6 HICKORY TRACK RUN**
CITY-ST-ZIP **OCALA FL**

TITLE **VP** ☐ Delete
NAME **EDWARD MCQUEEN**
STREET ADDRESS **15 BAHIA PASS TRACK**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
NAME **GEROULO, WILLIAM**
STREET ADDRESS **7947 MIDWAY DRIVE TER.**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
NAME **BENEDICT, LEE**
STREET ADDRESS **507 SPRING LAKE ROAD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
NAME **DICK HOGE**
STREET ADDRESS **7 HICKORY TRACK WAY**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D.E.G. MAULSEED** ☐ Change ☒ Addition
NAME **D.E.G. MAULSEED**
STREET ADDRESS **6204 FAIRWAY CIR**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Change ☒ Addition
NAME **ARNOLD FRANK**
STREET ADDRESS **1105 EMERALD RD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/20/03

352-680-1653

CR2E037 (10/02)