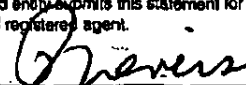


FILED
Jun 03, 2003 8:00 am
Secretary of State

04-22-2003 90071 009 ****61.25

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

DOCUMENT # N22887			
1. Entity Name OPERATION SAFEDRIVE, INC.			
Principal Place of Business 524 E. COLLEGE AVENUE #2 TALLAHASSEE FL 32301 US		Mailing Address 524 E. COLLEGE AVENUE #2 TALLAHASSEE FL 32301 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 65-0005807		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILSTEIN, RICHARD C ESO 801 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name KAREN GIEVERS Street Address (P.O. Box Number is Not Acceptable) 524 E. COLLEGE AVE #2 City TALLAHASSEE FL Zip Code 32301	
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  DATE 6/3/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO/STL GIEVERS, KAREN A 524 E. COLLEGE AVENUE, #3 TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TH MILSTEIN, RICHARD 801 BRICKELL AV. 24TH FLR MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pamela Ousley 524 E. College Ave #2 Tel 32301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO GONZALEZ, ERVIN A. 100 S BISCAYNE BLVD #900 MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank J. Buda 524 E. College Ave #2 Tel 32301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			