2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002541

1. Entity Name
The Safe Place Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 PM 1:28

Principal Place of Business	Mailing Address
2302 4th Ave W Bradenton FL 34207	102 1st St N Bradenton Bch FL 34217

2. Principal Place of Business	3. Mailing Address
2302 48th Ave W	102 1st St N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Bradenton Bch FL
City & State: Bradenton FL 34207	City & State
Zip: 34207 Country: USA	Zip: 34217 Country: USA

REINSTATEMENT — DO NOT WRITE IN THIS SPACE 0001

4. FEI Number: 65-049 1449 — ☐ 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
~~Scott Barr~~ ~~102 1st St N~~ ~~Bradenton Bch FL 34217~~	Name: Scott Barr Street Address (P.O. Box Number is Not Acceptable): 102 1st St N City: Bradenton Bch FL Zip Code: 34217

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: _____ 4-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEB 15 01:21

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Barr D 102 1st St N Bradenton Bch FL 34217 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gloria Steele 2302 48th Ave W Bradenton FL 34207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P W. Jeffery Watson 2304 South Rocking Place Bradenton FL 34207 ☐ 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
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CR2E037 (11/00)

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 all other like empowered.

SIGNATURE: _____ 4-25-01 (941) 795-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #