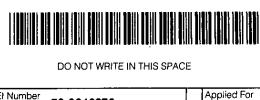
3. 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005498 1. Entity Name COMMUNITY SAFE PLACES, INC. Principal Place of Business Mailing Address 4203 TATUM ST. 4203 TATUM ST. ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91070 012 ****61.25

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4. FEi Number 59-3616253 Not Applicable Country ~ Zip" **\$8.75** Additional - -5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CUYLER, JENNIFER D 4203 TATUM ST. ORLANDO FL 32811 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Detete TITLE CUYLER, JENNIFER NAME NAME STREET ADDRESS 4203 TATUM ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Change Addition □ Delete TITLE WORTHEN, WILLENE NAME NAME STREET ADDRESS 4203-TATUM ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32811 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME JACKSON, LINDA NAME STREET ADDRESS STREET ADDRESS 5123 KEITH PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Change ☐ Addition ☐ Delete TITLE TITLE YARMY, EILEEN NAME NAME STREET ADDRESS 14127 RIDGE CREEK CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE

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 with all other like empowered. changed, or on an attachment with an addres

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP