


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90131 044 ***150.00

DOCUMENT # P00000047224

1. Entity Name
SAFE 1031 HARBOUR, INC.



Principal Place of Business
800-C 3RD ST.
NEPTUNE BEACH FL 32266

Mailing Address
800-C 3RD ST.
NEPTUNE BEACH FL 32266

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**



☒ CHECK HERE IF MAKING CHANGES

SA-3677801
APPLIED FOR

4. FEI Number

Applied For ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~JAFFE, STEPHANIE O~~ → Jay C. Floyd, Esq.
800-C 3RD ST.
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name: Jay C. Floyd, Esq.
Street Address (P.O. Box Number is Not Acceptable)
~~SAME~~
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 obligation of registered agent.

SIGNATURE: [Signature] DATE: FEB 3 X 2003

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KEENE, RICHARD C | |
| STREET ADDRESS | 800-C 3RD ST. | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAFFE, STEPHANIE O | |
| STREET ADDRESS | 800-C 3RD ST. | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | STEPHANIE O. JAFFE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1511 LEEWARD LANDING | |
| STREET ADDRESS | NEPTUNE BEACH, FL 32266 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, 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] **FEB 3 X 2003** (94) 247-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)