FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam SAFE HA	v/				(04-28-200 Jul	03 91 457 L 1 3 5 t		*150	0.00					
Principal Plac 3 10 LOS PRA SAFETY HARB	15			, ,,_					(4) = 1	milm time anama					
2. Principal P	lace of Busi	3. Mailing	3. Mailing Address												
Suite, Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.					A	CHECK HERE	IF MAKIN	G CHANG	ES			
City & Stat	e	City &	State	ntry		4. FEI Number 59-3656700				Applied For Not Applicable			<u> </u>		
Zip		Country	Zip					5 . C	ertificate of St	atus Desired		\$8.75 Fee Req	Addit uired	ional	
	6. Name	and Address of Curren	t Registered	Agent		Name		7. N	ame and Add	ress of New	Registered	d Agent			
REUSS, RA 679 HARBO CLEARWAT	IR ISLAND				daress (I		oh F	Houseplate Mountes	SS S	II R					
			,	1		City S	à F	シナ	y Ho	ARRO	F	L Zp	Code	195	
The above the obligat	named entitions of edis	y submits this statement tered agent.	for the pospose	e of changing its re	gistere	ed office or	register	ed age	ent, or both, in	the State of F	lorida. I an	n familjar v	vith, a	nd accept	
SIGNATURE	Approximation 1910	Tor primed narrie of registered and	n and (jags if applying	(NOTE: F	layis la rec	d Agent Signatu	beriupe es	when rea	nstating)	-4	2 DATE	8/0		2_	
After	May 1, 20	ill FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department	of State				,			Campaign Find Contribut				May Be o Fees	
10/		OFFICERS AN	DIRECTORS		11.			ADD	DITIONS/CHA	NGES TO OF	FICERS AN	D DIRECT	ORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	310 LOS	STEVEN R PRADOS DR HARBOR, FL 34695		☐ Delete	A							□ Chan	ge	Addition	CR2E034 (10/02
TITLE	DS	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE		Ro	-L-D	17.5	Ze K SS			ige	Addition	SRZE(
NAME STREET ADDRESS CITY-ST-ZIP	676 HARE	REUSS, III F DST BOR ISLAND ATER, FL 33767				NAME STREET ADDRESS CITY-ST-ZIP		18	الله الله	s Pe	400	SE)	2105 410	*
TITLE	CLEART	ATER, TE 33707		☐ Delete	1.0LE) (* [بر ۳ دو -	(<i>Ft E</i>	PZ	Chan	ge =	Addition	\$ 69
NAME STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP									
TITLE NAME				☐ Delete	TITLE NAME	J						☐ Chan	ge	Addition	}
STREET ADDRESS CITY-ST-ZIP					8	ET ADDRESS - ST - ZIP									
TITLE NAME				☐ Delete	TITLE							[] Chan	ge	Addition	
STREET ADDRESS City-St-2P						et address -ST-21P									
TITLE NAME				☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·						Chan	ge	Addition	
STREET ADDRESS CITY-ST-2IP	l				STREE	ET ADDRESS									
12. I hereby certify that the information supplied with this filling 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 outh; 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 attachment with an address, with attachment with an address.														-	
SIGNAT	URE:	SIGNATURE AND TYPED OF	DODGE CALANT	I reli	DIDECS	700			4-2	28-0	<u> 7</u>	<u> 37- 7</u> 2	<u> </u>	-9197	7
		SUMMO TO SEE AND I THE BOH	ALMHER BRANKE C	T SIGNATU OFFICER OF	MINEL]	on				- Jan		Daytime Phon			ì