FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 18, 2001 8:00 am³ Secretary of State DOCUMENT # P00000065273 05-18-2001 91578 034 ***550.00 VILLAGE OF SAFETY HARBOR, INC. Principal Place of Business Mailing Address 3100 66TH ST N 3100 66TH ST N იიიიუგნნ ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3659844 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Group Construction Consultants Inc EATON, DELANO 3100 66TH ST N ST PETERSBURG FL 33710 Zip Code St. Petersburg 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. William M. Watunke Seek 5/14/01 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ★ Addition ☐ Delete Eaton, Delano 3100 ULM St. N. WATANBE, WILLIAM M NAME NAME STREET ADDRESS 3100 66TH ST N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP St. Petersburg, F1 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE" TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

William M. Watanake, Suy Wil M. Wil s/14/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME

☐ Addition