## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000067251 1. Entity Name MARISAFE, INC. 04-30-2001 90007 004 \*\*\*150.00 Principal Place of Business Mailing Address 2631 PURITAN TERRACE 2631 PURITAN TERRACE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 721 Independence BlvD Independence BlvD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number trasdra, FL Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code 33602 atity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE President, CEO. DIRECTOR Steven E. Paley 2631 Puritan Terrace NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasora, FL 34239 ☐ Addition Change ☐ Delete TITLE VP. COO, Director NAME NAME Brenda F. Ruth STREET ADDRESS STREET ADDRESS 4205 Arrow Dr Sarasura F CITY-ST-ZIP CITY-ST-ZIP 34232 Change ☐ Addition ☐ Delete TITLE TITLE VP, Director David Darmstadter 2113 Cheswick Lane Mt. Pleasant \$50 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition VP, Director Change □ Defete TITLE TITLE Shannon G. Logsdon 3806 2nd Drive NE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34208 CITY-ST-ZIP Bradenton ☐ Change ☐ Addition .... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

**SIGNATURES** 

TOUR A FULL BY BY THE BOTTOM B

BRENDA F RUTH

4 23 0

941-360-1888

Daytime Phone #