2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 14, 2003 8:00 am Secretary of State		
DOCUMENT # P0000067251 1. Entity Name MARISAFE, INC.					O4-14-2003 90361 021 ***150.00		
Principal Place of Business 7455 16TH STREET E SUITE 107 SARASOTA FL 34234 Mailing Address 7455 16TH STREET E SUITE 107 SARASOTA FL 34234 SARASOTA FL 34234							
2. Principal F	Place of Business	3. Mailing Address	iling Address			ili ba ili ba ili ba il a b ilii (bail 19 94) 2 1101
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-36576	513	Applied For Not Applicable
Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Na	7. Name and Address of New Registered Agent Name			
LYNCH, PAUL 101 EAST KENNEDY BLVD SUITE 2800			Str	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602			Cit	City FL Zip Code			
the obligate SIGNATURE F After Make Check	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	nd title if applicable. (N	NOTE: Registered Agent		when reinstaling) 9. Election Campaig Trust Fund Contrib	DATE on Financing \$5. bution.	00 May Be
TITLE	OFFICERS AND I	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR Change	RS IN 11 Addition
NAME . STREET ADDRESS CITY-ST-ZIP	PALEY, STEVEN E 2631 PURITAN TERRACE SARASOTA FL 34239	□ Detete	NAME STREET ADD	3		change	Accument
TITLE Name Street address City-St-Zip	VCOD RUTH, BRENDA F 4205 ARROW DR SARASOTA FL 34234	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD D armstadler, David 2118 Cheswick Lane- MT Pleasant 90 29488	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	VPD DARY 616 SARA	mstadter, dan Beechwood Asota. FC 3	ID AVE 14231	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME NAME STREET ADDI CITY-ST-ZIP	RESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI	1		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 🔲 Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ſ	·	☐ Change	Addition

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 trootee 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 attachmen with an address, with all other like empowered. SIGNATURE:

Date