2003 FOR PROFIT CORPORATION

Jan 29, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P00000093981 DOCUMENT # 01-29-2003 90169 034 ***150.00 1. Entity Name SAFE HARBOR PRODUCTS, INC. Principal Place of Business Mailing Address 787 BLVD. OF THE CHAMPIONS P.O. BOX 833 SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3673365 Not Applicable Zip Country Country Zip **\$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 WARNER, JERALD R Street Address (P.O. Box Number is Not Acceptable) 787 BLVD. OF THE CHAMPIONS SHALIMAR FL 32579 City Zip Code The above named entity subgrits 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 obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/02)TITLE ☐ Addition Delete TITLE WARNER, JERALD R NAME NAME 787 BLVD. OF THE CHAMPIONS STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete TITLE ☐ Addition PALM, CHRISTOPHER M NAME 1791 N. PEARL STREET STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP ☐ Delete TITLE ↑ [Change ↑ ☐ Addition NAME

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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 path; 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 wit

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SIGNATURE:

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