

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90151 023 \*\*\*550.00

**DOCUMENT # P01000025017**

1. Entity Name  
**SAFEHARBOR EMPLOYER SERVICES I, INC.**

Principal Place of Business  
**4900 MANATEE AVENUE, WEST**  
**SUITE 101**  
**BRADENTON FL 34209**

Mailing Address  
**4900 MANATEE AVENUE, WEST**  
**SUITE 101**  
**BRADENTON FL 34209**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**30750 US Hwy 19 North**

3. Mailing Address  
**30750 US Hwy 19 North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Harbor, FL**

City & State  
**Palm Harbor, FL**

4. FEI Number  
**65-1094741**

Applied For  
☐ Not Applicable

Zip  
**34684**

Country  
**Pineellas**

Zip  
**34684**

Country  
**Pineellas**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**COURTNEY, CLAVERT N**  
**4900 MANATEE AVENUE, WEST**  
**SUITE 101**  
**BRADENTON FL 34209**

Name **DAVID LAMONT**

Street Address (P.O. Box Number is Not Acceptable)

**30750 US Hwy 19 North**

City **Palm Harbor**

**FL**

**34684**

8. The above named entry submits 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 agent.

SIGNATURE   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURTNEY, CLAVERT N 4900 MANATEE AVENUE, WEST, SUITE 101 BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris Mongelluzzi 30750 US Hwy 19 North Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/15/02**

CR2E034 (4/02)