2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000013356

1. Entity Name

SAFARI SAFARI CORP.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90132 042 ***150.00

			Ī	TO WE THE					
Principal Pla	ace of Business	Mailing Address			1				
PMB 354 1093 A1A BEACH BLVD. ST. AUGUSTINE FL 32080-6733		PMB 354					,		
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		ST. AUGUSTINE FL 32080-6733			1 \$20000 114 \$2000 11610 \$2000 \$2000 \$2000 11840 \$1184 \$1184 \$1184 \$1184 \$1184 \$1184 \$1184 \$1184 \$1184				
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2. Principal Place of Business		3. Mailing Address							
Cuito An	t # ata			· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Ap			pplied For	٦
_					EIN# 03-03884	95	XN	ot Applicable	,
Zip Country		Zip		у	5. Certificate of Status Desired S8.75 A				7
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Reg		•		4
	••			Name		JIOIOI OG AG	-		┪
LEGAL ZOOM NEVADA, INC.									╛
	AMBRA CIRCLE, SUITE 301			Street Address	et Address (P.O. Box Number is Not Acceptable)				
	GABLES FL 33134		-						-
CONALC	**************************************				•				
			1	City		FL	Zip Cod	le	1
8. The above	e named entity submits this statement for	the purpose of changing	ite registered	Loffice or register	rod agent or both in the Other of El		<u> </u>		4
the obliga	itions of registered agent.	are purpose or critinging	i ita regiaterea	onice or register	ed agent, or both, in the state of Florid	ja. I am far	nillar with,	and accept	1
.4									
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Popiatored A						
· .		a line ii applicabis.	NOTE: REGISTERED A	lgent signature required	when reinstating)	DATE			
	TLE NOW!!! FEE IS \$150.00				9. Election Campaign Finar	20100	65.0		1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		of State			Trust Fund Contribution.			0 May Be	
	- 25-2					_	Addec	101665	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	S IN 11	1
TITLE :	Secretary	🗷 Delete	TITLE	\mathcal{M}	chael Wiles.	[Change	Addition	18
NAME OXOSST LEBERS	Michael Richardson	•	NAME		esident				10/07
STREET ADDRESS				00	B 354 1093 K1A E	Sev L B	(د. ا		3
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CITY-ST-ZIP			CITY-ST	-ZIP					ĺ
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition