

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90147 041 ***150.00

DOCUMENT # P02000024774

1. Entity Name
SAFINCO, INC.



Principal Place of Business
% DAVID G. BUDD
3033 RIVIERA DRIVE., SUITE 201
NAPLES FL 34103

Mailing Address
% DAVID G. BUDD
3033 RIVIERA DRIVE., SUITE 201
NAPLES FL 34103

2. Principal Place of Business
4099 Tamiami Trail North

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State

Zip
34103

Country
USA

Zip

Country

4. FEI Number
01-0628480

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE., SUITE 201
NAPLES FL 34103

Name
Sheldon W. Starman
Street Address (P.O. Box Number is Not Acceptable)
4099 Tamiami Trail North
Suite 400
City
Naples **FL** Zip Code
34103

8. The above named entity 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 *Sheldon W. Starman*
Signature typed or printed name of registered agent and title if applicable.
SHELDON W. STARMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
BUDD, DAVID G
3033 RIVIERA DRIVE., SUITE 201
NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/T ☐ Change ☒ Addition
Sheldon W. Starman
4099 Tamiami Trail North, Suite 400
Naples, Florida 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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.

SIGNATURE:

Sheldon W. Starman *1/28/2003*
SHELDON W. STARMAN, PRESIDENT

(239) 262-1040

Date

Daytime Phone #

CR2E034 (10/02)