


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 039 ***150.00

DOCUMENT # P02000038088

1. Entity Name
RE SAFETY HARBOR, INC.



Principal Place of Business
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792

Mailing Address
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792

11022387



2. Principal Place of Business
1410 Fourth Street North

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Safety Harbor, FL

City & State

Zip
34695

Country
Pinellas

4. FEI Number
47-0859861

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERING, LAWRENCE R MR. 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, JOSEPH D MR. 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURCIO, EUGENE R 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deering, Lawrence R. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Conte, Joseph D. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Curcio, Eugene R. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Corsetti, Rosemary L. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108
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

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: Rosemary L. Corsetti **SIGNATURE REQUIRED** 4/2/03 (412) 269-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM UBR

CR2E034 (10/02)