## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P95000067384** 1. Entity Name SAFE HARBOR INC. 04-27-2001 90316 007 \*\*\*150.00 Principal Place of Business Mailing Address 1099 BANYAN RD. 1099 BANYAN RD. **BOCA RATON FL 33432 BOCA RATON FL 33432** 646044 US US 2. Principal Place of Business 3. Mailing Address 1150 SW 21 Sireel 150 SW 21 STreet Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 80-0604278 Boca Raton Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGER P. LANG Street Address (P.O. Box Number is Not Acceptable) 1022 RUSSELL DR. HIGHLAND BCH FL 33487 City Zin 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 SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Addition TITLE TITLE 🛣 Change LANG, ROGET P. LANG, ROGER P NAME NAME 1150 S.W. 21 STeet STREET ADDRESS 1022 RUSSELL DRIVE STREET ADDRESS C/TY-ST-ZIP CITY-ST-71P Boxa Roton F/ 33486 HIGHLAND BEACH FL 33487 C. Delete TITLE TITLE Addition ANG, KAtherine NAME LANG, KATHERINE MAME 1150 S.W. 21 STreeT STREET ADDRESS STREET ADDRESS 1022 RUSSELL DRIVE CITY-ST-71P Boca Roton, F1. 33986 CITY-ST-7IP HIGHLAND BEACH FL 33487 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP