

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90126 025 ***150.00

0049213 AV

DOCUMENT # P96000049124

1. Entity Name
SAFEL, INC.

Principal Place of Business
111 SUN LANE
PANAMA CITY BEACH FL 32413

Mailing Address
P.O. BOX 9218
PANAMA CITY BEACH FL 32417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 16855

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nestin, FL

4. FEI Number

59-3388799

Applied For

Not Applicable

Zip

Country

Zip

Country

32550 Okaloosa

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

BROWN, JAMES J
111 SUN LANE
PANAMA CITY BEACH FL 32413

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 Delete
D
 NAME **BROWN, JAMES J**
 STREET ADDRESS **111 SUN LANE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE Change Addition
D
 NAME **Sabrina A Bisordi**
 STREET ADDRESS **111 Sun Lane**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE Delete
D
 NAME **BROWN, MARION L**
 STREET ADDRESS **111 SUN LANE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE Change Addition
D
 NAME **Felicity L. Perez**
 STREET ADDRESS **111 Sun Lane**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

Daytime Phone #

CR2E034 (9/01)