FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025477

1. Entity Name

Sun Safe, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
1521 Alton Road	1521 Alton Road		
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8		DO NOT WRITE IN THIS SPACE
City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 65-0825575	Applied For / Not Applicable
Zip 33139	Country USA	Zip 33139	Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark Schmidt

Street Address (P.O. Box Number is Not Acceptable): 115 1st Terrace

Rivo Alto Island

City: Miami Beach FL Zip Code 33139

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) ☑ | **January 1 - May 1 Fee is $150.00** After May 1, Fee is $550.00 Amended UBR is $61.25 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

TITLE	President	TITLE	
NAME	Bethany Bunnell	NAME	
STREET ADDRESS	115 1st Terrace, Rivo Alto Island	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Mark Schmidt	NAME	
STREET ADDRESS	115 1st Terrace, Rivo Alto Island	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Chris Wojcik, c/o Fildew Hich P.L.L.C.	NAME	
STREET ADDRESS	Penobscott Building, suite 3600	STREET ADDRESS	
CITY-ST-ZIP	Detroit, MI 48226-4291	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Mark Schmidt 4/15/02 (305) 538-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #