

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 009 ***150.00

DOCUMENT # P99000024812

1. Entity Name

SAFE HARBOR ALF, INC. SAFE, HARBOR, ALF, Inc.

Principal Place of Business

**430 S NEPTUNE DRIVE
 SATELLITE BEACH FL 32937**

Mailing Address

**430 S NEPTUNE DRIVE
 SATELLITE BEACH FL 32937**

2. Principal Place of Business

430 S. NEPTUNE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

430 S. NEPTUNE DRIVE
 Suite, Apt. #, etc.

City & State

SATELLITE BEACH

City & State

SATELLITE BEACH

Zip

32937

Country

BREVARD

Zip

32937

Country

BREVARD

4. FEI Number

59-3563588

Applied For

Not Applicable

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

**WALKER, NANCY J
 430 S NEPTUNE DRIVE
 SATELLITE BEACH FL 32937**

Name

WALKER, NANCY J

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

430 S. NEPTUNE DRIVE

SATELLITE BEACH

City

FL

Zip Code

32937

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

NANCY J. WALKER

01-08-01

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

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW! FEE IS \$150.00
 After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	WALKER, NANCY J	
STREET ADDRESS	430 S NEPTUNE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NANCY J. WALKER

1-8-01

321-777-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)