

**COLLECTED COPY**  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90037 035 \*\*\*150.00

**DOCUMENT # P99000049533**

1. Entity Name

**SAFEHARBOR FINANCIAL SERVICES, INC.**

Principal Place of Business

**9174 NIAGARA RD.  
 BROOKSVILLE FL 34613**

Mailing Address

**9174 NIAGARA RD.  
 BROOKSVILLE FL 34613-6402**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3580092**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RHODES, STEVEN C.  
 9174 NIAGARA RD.  
 BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name

**STEVEN C. RHODES**

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

**4911 PALMETTO PT. DRIVE**

City

**PALMETTO**

FL

Zip Code

**34221**

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

*Steven C. Rhodes*

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

(NOTE: Registered Agent signature required when re-registering)

**5-26-00**

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, 2000 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

TITLE **PRESIDENT** ☐ Delete

NAME **STEVEN C. RHODES**  
 STREET ADDRESS **9174 NIAGARA RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **SECRETARY** ☐ Delete

NAME **LARAA MARTIN**  
 STREET ADDRESS **9174 NIAGARA RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition

NAME **STEVEN C. RHODES**  
 STREET ADDRESS **4911 PALMETTO PT. DRIVE**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SECRETARY** ☒ Change ☐ Addition

NAME **LARAA MARTIN**  
 STREET ADDRESS **4911 PALMETTO PT. DRIVE**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ 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:

*Steven C. Rhodes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN C. RHODES**

**4-15-00**

Date

**727-827-3423**

Daytime Phone #

CR2E034 (9/99)