

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049533

1. Entity Name  
SAFEHARBOR FINANCIAL SERVICES, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90047 001 \*\*\*150.00

Principal Place of Business

9174 NIAGARA RD.  
BROOKSVILLE FL 34613

Mailing Address

9174 NIAGARA RD.  
BROOKSVILLE FL 34613

2. Principal Place of Business

4911 PALMETTO PT. DR.

3. Mailing Address

4911 PALMETTO PT. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

59-3580082

Applied For

Not Applicable

Zip

34221

Country

US

Zip

34221

Country

US

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

RHODES, STEVEN C  
9174 NIAGARA RD.  
BROOKSVILLE FL 34613

Name

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*

4-11-01

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, 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	RHODES, STEVEN C	
STREET ADDRESS	4911 PALMETTO PT	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, LAURA	
STREET ADDRESS	4711 PALMETTO N. DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4911 PALMETTO PT. DR.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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:

STEVEN C. RHODES

*Steven C. Rhodes*

4-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)