FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24921

1. Entity Name
SAFASATU DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
4506 DEL PRADO BLVD SUITE B CAPE CORAL, FL 33904	4506 DEL PRADO BLVD SUITE B CAPE CORAL, FL 33904

2. Principal Place of Business		3. Mailing Address	
1003 Del Prado Blvd		1003 Del Prado Blvd	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.: Suite 300	
City & State: Cape Coral, FL		City & State: Cape Coral FL	
Zip: 33990	Country: USA	Zip: 33990	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3054479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERKE, BILL B.
~~4506 DEL PRADO BLVD~~ 1003 Del Prado Blvd
~~SUITE B~~ Suite 300
~~CAPE CORAL, FL 33904~~ Cape Coral, FL 33990

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERKE, BILL B.		NAME	
STREET ADDRESS	~~4506 DEL PRADO BLVD, STE B~~ 1003 Del Prado Blvd STE 300		STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL, FL 33904~~ Cape Coral FL 33990		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERKE, BILL B.		NAME	
STREET ADDRESS	~~4506 DEL PRADO BLVD, STE B~~ 1003 Del Prado Blvd Suite 300		STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL, FL 33904~~ Cape Coral FL 33990		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/28/03 239-549-6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #