

2001 UNIFORM BUSINESS REPORT (UBR)

05-10-2001 90130 049 *****70.00

FILED

01 JUN 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000006792					
1. Entry Name INSTITUTE FOR BUSINESS & HOME SAFETY INC.					
Principal Place of Business 1408 N. Westshore Blvd. Suite 208 Tampa, FL 33607			Mailing Address 1408 N. Westshore Blvd. Suite 208 Tampa, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2049143	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Ryland, Harvey 1408 N. Westshore Blvd. Suite 208 Tampa, FL 33607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent's signature required when re-registering) DATE</small>					
FILE NOW FEE IS: \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryland, Harvey		NAME		
STREET ADDRESS	1408 N. Westshore Blvd., Suite 208		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raucy, Douglas		NAME		
STREET ADDRESS	1408 N. Westshore Blvd., Suite 208		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, James		NAME		
STREET ADDRESS	1408 N. Westshore Blvd., Suite 208		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barber, Kevin		NAME		
STREET ADDRESS	1408 N. Westshore Blvd., Suite 208		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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 employees.					
SIGNATURE: <i>Douglas N. Raucy</i>		Douglas N. Raucy		4/25/01 813-286-3400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E037 (11/00)