

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90194 019 ***150.00

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DOCUMENT # P02000122759



1. Entity Name
SAFE HOME SECURITY, INCORPORATED

Principal Place of Business
**13965 COLLIER BLVD
NAPLES FL 34119
US**

Mailing Address
**13965 COLLIER BLVD
NAPLES FL 34119
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1660210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOBEL, RAYMOND M JR
13965 COLLIER BLVD
NAPLES FL 34119**

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	P	<input type="checkbox"/> Delete
NAME	SOBEL, RAYMOND M JR	
STREET ADDRESS	13965 COLLIER BLVD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEDY, NORMAN M	
STREET ADDRESS	4251 GULFSTREAM DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	WIEDER, EDWARD W	
STREET ADDRESS	27321 S.W. 164 TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BUCKENMYER, JOEL D	
STREET ADDRESS	1811 CREST STREET	
CITY-ST-ZIP	HASLETT MI 48840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, RECEIVER OR TRUSTEE

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)