

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90155 001 ****70.00

DOCUMENT # F00000006792

1. Entity Name

**INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATE
D**

Principal Place of Business

**1408 N. WESTSHORE BLVD., SUITE 208
TAMPA FL 33607**

Mailing Address

**1408 N. WESTSHORE BLVD., SUITE 208
TAMPA FL 33607****B0139350**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4775 E. Fowler Ave.

3. Mailing Address

4775 E. Fowler Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33617

City & State

Tampa, FL 33617

4. FEI Number

23-2049143

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33617

Country

USA5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****RYLAND, HARVEY
1408 N. WESTSHORE BLVD., SUITE 208
TAMPA FL 33607****7. Name and Address of New Registered Agent**

Name

Ryland, Harvey

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

4775 E. Fowler Ave.

City

Tampa,**FL**Zip Code
33617

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

**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$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** ☐ Delete
NAME **RYLAND, HARVEY**
STREET ADDRESS **1408 N. WESTSHORE BLVD., SUITE 208**
CITY-ST-ZIP **TAMPA FL 33607**TITLE **D** ☒ Change ☐ Addition
NAME **Ryland, Harvey**
STREET ADDRESS **4775 E. Fowler Ave.**
CITY-ST-ZIP **Tampa, FL 33617**TITLE **D** ☐ Delete
NAME **RAUCY, DOUGLAS**
STREET ADDRESS **1408 N. WESTSHORE BLVD., SUITE 208**
CITY-ST-ZIP **TAMPA FL 33607**TITLE **D** ☒ Change ☐ Addition
NAME **Raucy, Douglas**
STREET ADDRESS **4775 E. Fowler Ave.**
CITY-ST-ZIP **Tampa, FL 33617**TITLE **D** ☐ Delete
NAME **RUSSELL, JAMES**
STREET ADDRESS **1408 N. WESTSHORE BLVD., SUITE 208**
CITY-ST-ZIP **TAMPA FL 33607**TITLE **D** ☒ Change ☐ Addition
NAME **Russell, James**
STREET ADDRESS **4775 E. Fowler Ave.**
CITY-ST-ZIP **Tampa, FL 33617**TITLE **D** ☐ Delete
NAME **BARBER, KEVIN**
STREET ADDRESS **1408 N. WESTSHORE BLVD., SUITE 208**
CITY-ST-ZIP **TAMPA FL 33607**TITLE **D** ☒ Change ☐ Addition
NAME **Barber, Kevin**
STREET ADDRESS **4775 E. Fowler Ave.**
CITY-ST-ZIP **Tampa, FL 33617**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/11/02

813-286-3400

CR2E037 (4/02)