

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90050 038 ***158.75

DOCUMENT # J52191
 1. Entity Name
SAFEHOME SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address
 710 OAKFIELD DR. SUITE 135 PO BOX 1770
 BRANDON FL 33511 BRANDON FL 33509-1770
 US

2. Principal Place of Business 3. Mailing Address
612 MARPHILL LOOP
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BRANDON, FL
 Zip Country Zip Country
33511 **USA**

4. FEI Number Applied For
59-2752132 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ABERNATHY, DONALD R.
 710 OAKFIELD DR
 STE 135
 BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
612 MARPHILL LOOP
 City State Zip Code
BRANDON FL 33511

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: **Donald R. Abernathy** **Donald R. Abernathy** **3/30/00**
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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ABERNATHY, DONALD R. 612 MARPHILL LOOP BRANDON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABERNATHY, CHARLOTTE W 612 MARPHILL LOOP BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Donald R. Abernathy** **Donald R. Abernathy** **813 689 0031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
03/30/00