

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000001056

FILED
May 01, 2003
Secretary of State

Entity Name: HOME SAFETY ONLY!, INC

Current Principal Place of Business:

14718 SW 44 LANE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

14718 SW 44 LANE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 65-1081944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOVELL, DON
14718 SW 44 LANE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOVELL, DON
Address: 5403 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: BOVELL, CHRISTINE
Address: 5403 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: BINNS-CARBALLO, DONNA
Address: 5556 NW 19TH LN
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: LEON, C REYES
Address: 5403 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: BOVELL, PETER P
Address: 3 HOPE ROAD
City-St-Zip: KINGSTON, JA 10 JA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON BOVELL

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date