2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000036065

Entity Name: SECURE HOME CONSULTANTS, INC.

FILED Feb 13, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2053 ORANGESIDE ROAD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 2053 ORANGESIDE ROAD PALM HARBOR, FL 34683 FEI Number: 51-0425281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINKOWSKI, PETER R 2053 ORANGESIDE ROAD PALM HARBOR, FL 34683 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition SINKOWSKI, PETER R MR. Name: Name: 2053 ORANGESIDE RD. Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 () Delete Title: Title: () Change (X) Addition SINKOWSKI, PETER R MR. Name: Name: 2053 ORANGESIDE RD. Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 Title: () Change (X) Addition Title: () Delete SINKOWSKI, PETER R MR. Name: Name: 2053 ORANGESIDE RD. Address Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change (X) Addition SINKOWSKI, PETER R MR. Name: Name: Address: Address: 2053 ORANGESIDE RD. City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 Title: Title: () Change (X) Addition () Delete SINKOWSKI, PETER R MR. Name: Name: Address: Address: 2053 ORANGESIDE RD. City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change (X) Addition SINKOWSKI, PETER R MR. Name: Name: 2053 ORANGESIDE RD. Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

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: PETER R. SINKOWSKI P 02/13/2003