2003 FOR PROFIT CORPORATION

Suite, Apt. #, etc.

City & State

UNIFORM BUSINESS REPORT (UBR)

P02000113881 DOCUMENT #

1. Entity Name

Suite, Apt. #, etc.

City & State

HOME SAFE AND SOUND INC



Principal Place of Business Mailing Address 21262 WAYMOUTH RUN 21262 WAYMOUTH RUN ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address

4. FEI Number

DATE

☐ CHECK HERE IF MAKING CHANGES

05-01-2003 90996 010 ***150.00

Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

City

O'BRIAN, KENNETH S 21262 WAYMOUTH RUN ESTERO FL 33928

the obligations of registered agent.

After May 1, 2003 Fee will be \$550.00

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

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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition O'BRIAN, JULIE A NAME NAME 21262 WAYMOUTH RUN STREET ADDRESS STREET ADDRESS ESTERO FL 33928 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attach ent with an address, with all other like empowered

SIGNATURE:

May 01, 2003 8:00 am § Secretary of State