


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91869 007 ***150.00

DOCUMENT # **P02000128108**
1. Entity Name
HOMAWATCH INSPECTION SERVICES, INC ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19119 SKYRIDGE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 741723
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FLORIDA

City & State
BOYNTON BEACH, FL

4. FEI Number
41-2079452

Applied For
Not Applicable

Zip
33498

Country
PALM BEACH

Zip
33474

Country
PALM BEACH

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DENNIS R. HABER

Street Address (P.O. Box Number is Not Acceptable)
1450 MADRUGA AVE. SUITE 300

City
CORAL GABLES **FL** Zip Code
33146

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  **MICHAEL SILVERMAN - President** DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL H. Silverman 19119 SKYRIDGE CIRCLE BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANITA Silverman 19119 SKYRIDGE CIRCLE BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other powers empowered.

SIGNATURE:  **MICHAEL SILVERMAN** DATE **4/28/03** 561-482-0965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #