


**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	<b>P</b> <b>MICHAEL H. Silverman</b> <b>19119 SKYRIDGE CIRCLE</b> <b>BOCA RATON, FL 33498</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANITA Silverman</b> <b>19119 SKYRIDGE CIRCLE</b> <b>BOCA RATON, FL 33498</b>	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** 4/28/03 561-482-0965

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