2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093274

1. Entity Name
HOME MODIFICATION & SAFETY, INC.

Principal Place of Business	Mailing Address
8010 CLEARY BLVD 105 PLANTATION, FL 33324 US	8010 CLEARY BLVD 105 PLANTATION, FL 33324 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
2300 Diana Dr.	2300 Diana Dr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
# 301	# 301		

City & State	City & State	4. FEI Number	Applied For
Hallandale Bch, FL	Hallandale Bch, FL	65-0795924	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
33009	US	33009	US	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TALATI, PETER 8010 CLEARY BLVD APT 105 PLANTATION, FL 33324	Name TALATI, Peter Street Address (P.O. Box Number is Not Acceptable) 2300 Diana Dr. # 301 City HALLANDALE Bch FL Zip Code 33009

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 _____ Peter Talati _____ 7-3-03
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent Signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	TALATI, PETER L		NAME	TALATI, Peter L	
STREET ADDRESS	8010 CLEARY BLVD #105		STREET ADDRESS	2300 Diana Dr. #301	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Hallandale Bch, FL 33009	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address, with all other like empowered.

SIGNATURE: _____ Peter Talati _____ 7-3-03 (954) 454-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)