

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000105698

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-05-2000 90105 036 ***150.00

1. Entity Name

Home Safety Products Inc.

Principal Place of Business

Mailing Address

2200 NW 73 Ave
Sunrise, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Derek M. Quinn
2200 NW 73 Ave
Sunrise, FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Derek M. Quinn</u>	
STREET ADDRESS	<u>2200 NW 73 Ave</u>	
CITY-ST-ZIP	<u>Sunrise, FL 33313</u>	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Derek M. Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

1877472-2227

Daytime Phone #

CR2E034 (9/99)