FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT	#	P02000041879
----------	---	--------------

1. Entity Name

IMPERIAL HOME INSPECTIONS, INC.



FILEL

03 SEP 24 PM 3: 57

SECRETARY OF STATE 'TALLAHASSEE FLORIDA

•				A				4 4				1 4 4 4	
	D	O	N	O	T	V	VR	ITE	IN	THI	S S	PA	CE

Al sale in a		<u>. b i . kt £ l</u>					O OFF			
Principal Place of Business 4619 Heavens Way			Mailing AddressThe Same				ENISTATEMENT 03			
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State New Port	te City & State 4. FEI N				4. FEI Number 04-3645723 Applied For Not Applicable					
Zip 34652	Country Zip Country						5. Certificate of Status Desired See Required Fee Required			
ž į i							7. Name and Address of Current Registered Agent			
				. 5*	Name SPIEGEL & UTRERA, P.A.					
		O NOT			Street Ade	dress (F	P.O. Box Number is Not Acceptable)			
	ı II	N THIS S	PACE				2nd. Street			
	York gives				^{Cily} Mia	ımi	FL Zin Code 33145			
SIGNATURE _	nuary 1 - Ma After May 1 Amended	or prividuance of repaired a ay 1 Fee is \$150.00 i, Fee is \$550.00 UBR is \$61.25 Florida Departmen		ICTE Registered	d Ageni, signature	a required	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.		OFFICERS A	ND DIRECTORS		an an right		The first management of the first term of the fi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T D. EWING avens Way, Ne	w Port Richey,FL 346	E 2 #	1	5 / No.	10/03/03 01087 - 006 ** 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A K. EWING avens Way, Ne	w Port Richey,FL 346	52 I	g					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	STREE	ET ADDRESS ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CRY-ST-ZIP					* ! ! ! !	· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE			
HILE NAME STREET ADDRESS CITY - ST - ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		\$20 A D	4.5					
40 11 11			the side and the side of the s				440.07(0)().5			

12. Thereby 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 like empowered.

ROBERT D. EWING

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/03

Daytetie Phone #

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE ANNUAL REPORT LATE FEES

			•		
STATE	OF FL	ORIDA)		
COUNT	Y OF)		
		D. Ewing is orporation"		IPERIAL H	IOME INSPECTIONS, INC., a Florida corporation,
		-			niform Business Report or pay the 2003 Uniform y Florida Statutes Chapter 607 because:
2			to the Florida		filing the Annual Report and pay the Annual ent of State was never received by the
the payn	nent b y		oration of its 200		at of State waive the late fee for the Corporation upon Business Report filing fee, which are presented
4. I	MPERI	IAL HOME	INSPECTIONS,	INC. satisfic	es the requirements of the Florida Statutes 607.0401.
			iant sayeth		
					By: Robert D. Ewing, President
			1		before me this 16 day of September, 2003. Patricia armstrong Notary Public, State of Florida at Large Printed Name: Patricia Armstrong Commission Expires: 12-17-05

