2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2004 08:00 AM
Secretary of State
ATX

DOCUMENT # P02000048944

1. Entity Name

UNIVERSAL HOME INSPECTION OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1662 SUMMER BREEZE WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State
Zip: 34232 Country: SARASOTA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3669202 ☐ Applied For ☐ Not Applicable

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: CULLIGAM, ALAN F

Street Address (P.O. Box Number is Not Acceptable): 1662 SUMMER BREEZE WAY

City: SARASOTA **FL** Zip Code: 34232

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 _____ DATE

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

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	DPT
NAME	CULLIGAN, ALAN F
STREET ADDRESS	1622 SUPPER BREEZE WAY
CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	DVS
NAME	CULLIGAN, CHRISTINE R
STREET ADDRESS	1622 SUMMER BREEZE WAY
CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	
NAME	
STREET ADDRESS	
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11.

TITLE	
NAME	
STREET ADDRESS	U00000108186
CITY-ST-ZIP	04/09/04-80045-013 150.00
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STREET ADDRESS	**DO NOT WRITE**
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STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan F Culligan ALAN F. CULLIGAN/PRESIDENT 4-7-04 813-376-1169

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