

# FOR PROFIT CORPORATION IFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064135

City Name  
*Miggins home Inspection & Realty  
Services, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3960 NW 36 Ter*  
Suite, Apt. #, etc.

3. Mailing Address  
*3960 NW 36 Ter*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Lauderdale Lakes, Florida*  
City & State  
*Lauderdale Lakes, Florida*  
Zip  
*33309* Country  
*USA* Zip  
*33309* Country  
*USA*

4. FEL Number  
*56-233304*  
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  
*John Liverpool*  
Street Address (P.O. Box Number is Not Acceptable)  
*8428 W Oakland Park Blvd*  
*Sunrise*  
City  
*FL* Zip Code  
*33351*

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 *John Liverpool* (NOTE: Registered Agent signature required when reinstating) DATE *4/24/03*

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 *Donald Miggins*  
STREET ADDRESS  
*3301 Spanish Moss TERRACE, 603*  
CITY - ST - ZIP  
*Lauderhill, FL 33319*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*300018961143*  
*05/14/03--01091--007 \*\*150.00*

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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: *[Signature]* DATE *4/24/03* DAYTIME PHONE # *(954) 746-5011*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)