

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 014 ***150.00

DOCUMENT # P03000099697 1. Entity Name ACCURATE BUILDING INSPECTIONS, INC.					
Principal Place of Business 4443 NW 5TH AVE BOCA RATON, FL 33431			Mailing Address 4443 NW 5TH AVE BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-0380761 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDI, JOSEPH 4443 NW 5TH AVE BOCA RATON, FL 33431				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D FELDI, JOSEPH 4443 NW 5TH AVE BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janis Feldi 4443 NW 5th Ave. Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Janis Feldi 4443 NW 5th Ave. Boca Raton, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph Feldi 4443 NW 5th Ave. Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					