

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000114143	
1. Entity Name	
SIGNATURE INSPECTIONS, INCORPORATED	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 6342 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State OCALA, FL		City & State	
Zip 34478	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0117436		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CYNTHIA D JONES	
	Street Address (P.O. Box Number is Not Acceptable) 6320 NW 56TH TERRACE	
	City OCALA	Zip Code 34482

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

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

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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD D JONES, JR 6320 NW 56TH TERRACE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CYNTHIA D JONES 6320 NW 56TH TERRACE OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000276723 03/25/05-80050-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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:

Cynthia D. Jones
CYNTHIA D. JONES
Vice President

Date

Daytime Phone #

3/21/05 352-840-7154