

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91595 043 ***150.00

DOCUMENT # P95000053097

1. Entity Name
AMERIPRO INSPECTION CORPORATION

Principal Place of Business
 2121 ALTON PARKWAY #250
 JACKSONVILLE FL 32228
 US

Mailing Address
 11150-2C SAN JOSE BLVD
 JACKSONVILLE FL 32223
 US

B0082904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7700 SQUARE LAKE BLVD #2

3. Mailing Address
 BLVD #2

City & State
 JACKSONVILLE FL

4. FEI Number
 59-3324917

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MARTIN ROWAN, MICHAEL
 11150- 2C SAN JOSE BLVD
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
 Name: AmeriPro Inspection Corporation
 Street Address (P.O. Box Number is Not Acceptable): 7700 Square Lake Blvd, Unit 2
 City: Jacksonville FL Zip Code: 32256

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.

SIGNATURE: *[Signature]* MICHAEL ROWAN, PRESIDENT DATE: 5/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROWAN, MICHAEL MARTIN 11150-2C SAN JOSE BLVD JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* MICHAEL ROWAN **904-268-9989**

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

SECRETARY SD

CR2E034 (9/01)