

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015552

1. Entity Name

1ST CHOICE HOME INSPECTIONS, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90041 026 ***150.00

Principal Place of Business

Mailing Address

4122 S.W. 65TH AVENUE
DAVIE FL 33314
US

P.O. BOX 292191
DAVIE FL 33329
US

2. Principal Place of Business

3. Mailing Address

8401 SW 26 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

Zip

Country

Zip

Country

33324

USA

4. FEI Number

65-0647275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRIE, EILEEN

4122 SW 65 AVE

DAVIE FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

8401 SW 26 ST

City DAVIE

FL

33324 FL

Zip Code 33324

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 *Eileen Lawrie* EILEEN LAWRIE

3/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
PT
LAWRIE, DUNCAN
4122 S.W. 65TH AVENUE
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8401 SW 26 ST.
DAVIE FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
LAWRIE, EILEEN
4122 S.W. 65TH AVENUE
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8401 SW 26 ST.
DAVIE FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Eileen Lawrie* EILEEN LAWRIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

954-587-9769

Daytime Phone #

CR2E034 (10/00)