2000 UNIFORM BUSINESS REPORT (UBR)

nt with an address, with all other like empowered

SIGNATURE

FILED DOCUMENT # P97000080394 May 16, 2000 8:00 am Secretary of State FIDELITY HOME INSPECTION CORPORATION 05-16-2000 90136 023 ***150.00 Mailing Address Principal Place of Business 8455 GARDENS CIRCLE 8455 GARDENS CIRCLE SARASOTA FL 34243-3053 SARASOTA FL 33613 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For 59-3491694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Zemelka ZAMELKA, GEORGE 8455 GARDENS CIRCLE 5714 4th ave. North Street Address (P.O. Box Number is Not Acceptable) St. Petersburg, Fl. Zip Code 8. The above named entity summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE Zemelka, George 5714 4th ave. North St. Petersburg, Fl. ZEMELKA, GEORGE NAME 8455 GARDENS CIR: #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL-34243 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-218 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Lemelka 4-28-00 941-320-551