

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90007 034 ***150.00

DOCUMENT # P93000017556

1. Entity Name

BUILDING INSPECTION SERVICES OF OCALA, INC.

Principal Place of Business

~~948 NE 4 ST~~ **1531 NE 2 ST.**
 OCALA FL 34470

Mailing Address

948 NE 4 ST
 OCALA FL 34470-6850

2. Principal Place of Business

1531 NE 2 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34470

Country

USA

Zip

Country

4. FEI Number

59-3175922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMACHE, JOYCE
948 NE 4 ST
OCALA FL 34470

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.

SIGNATURE

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, 2000 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

TITLE **PS** ☐ Delete
 NAME **GAMACHE, JOYCE F**
 STREET ADDRESS **948 NE 4 ST**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **VPT** ☐ Delete
 NAME **GAMACHE, FRANCIS W**
 STREET ADDRESS **948 NE 4 ST**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **S** ☐ Delete
 NAME **GAMACHE, JOHN F**
 STREET ADDRESS **948 NE 4 ST**
 CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES. - TRUST.** ☒ Change ☐ Addition
 NAME **GAMACHE, JOYCE F.**
 STREET ADDRESS **1531 NE 2 ST**
 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **VP** ☒ Change ☐ Addition
 NAME **GAMACHE, FRANCIS W**
 STREET ADDRESS **948 NE 4 ST**
 CITY-ST-ZIP **OCALA, FL 34470**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 #

2/11/00

3528625752