

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 020 ***150.00

DOCUMENT # P02000054516

1. Entity Name

AMERICAS HOME INSPECTION TEAM INC.

DO NOT WRITE IN THIS SPACE

90104331

2. Principal Place of Business
4218 GRACE AVENUE
Suite, Apt. #, etc.
4218 GRACE AVENUE

3. Mailing Address
4218 GRACE AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST LOUIS MO

City & State
ST LOUIS MO

4. FEI Number
90-0038048

Applied For
Not Applicable

Zip Country
63116-4408 CITY STL

Zip Country
63116-4408 CITY STL

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BUSINESS FILINGS INCORPORATED
Street Address (P.O. Box Number is Not Acceptable)
1000 WEST AVENUE SUITE 1114

City Zip Code
MIAMI BEACH FL 33139

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
KEVIN E REDECKER
4218 GRAVE AVENUE
ST LOUIS MO 63116

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Kevin E Redecker

KEVIN E REDECKER

Date

4/24/03 314-629-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #