

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 027 ***150.00

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DOCUMENT # 434494

1. Entity Name
PROFESSIONAL INSPECTION ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 732
FT. WALTON BEACH FL 32549

Mailing Address
P.O. BOX 732
FT. WALTON BEACH FL 32549



2. Principal Place of Business

3. Mailing Address

P.O. Box 274

P.O. Box 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number **59-1524352**

Applied For

Not Applicable

Zip

32588

Country

U.S.A.

Zip

32588

Country

U.S.A.

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

**MCCULLEN, BEVERLY A
107 PATTON DR., N.E.
FT. WALTON BEACH FL 32547**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)
1950 Woodcrest Ridge Rd.

City **Ft. Walton Beach FL** Zip Code **32547**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCULLEN, BEVERLY A**
STREET ADDRESS **107 PATTON DR., N.E.**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1950 Woodcrest Ridge Rd.**
CITY-ST-ZIP **Ft. Walton Beach FL**

TITLE **V** ☐ Delete
NAME **MCCULLEN, BRUCE R.**
STREET ADDRESS **3250 DOWNS COVE RD**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE **ST** ☐ Delete
NAME **STONE, KATHI M**
STREET ADDRESS **321 SABAL PALM DRIVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1619 18th Street**
CITY-ST-ZIP **Niceville FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathi M. Stone** **ST** **2/13/03** **850-729-3981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)