

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608327

1. Entity Name

HOME INSPECTION SERVICE OF NORTH FLORIDA, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90313 024 \*\*\*150.00

Principal Place of Business

Mailing Address

4549 WESCONNETT BLVD

P. O. BOX 7206

JACKSONVILLE FL 32210 OK

US

P O BOX 7206

P. O. BOX 7206

JACKSONVILLE FL 32238-0206

US

OK



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4549 WESCONNETT BLVD P.O. Box 7206

3. Mailing Address

JACKSONVILLE, FL 32238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 32210

City & State

Zip

32210-

Country

USA

Zip

32238

Country

USA

4. FEI Number

59-1885681

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

LUMPKIN, W. G., JR.

4549 WESCONNETT BLVD.

JACKSONVILLE FL-32210-32210

OK

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LUMPKIN JR, WILLIAM G  
STREET ADDRESS 4549 WESCONNETT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*William G. Lumpkin Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 14 30, 2000 (904) 284-3168  
Date Daytime Phone #

CR2E034 (9/99)