

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608327

1. Entity Name

HOME INSPECTION SERVICE OF NORTH FLORIDA, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90016 050 ***150.00

Principal Place of Business

4549 WESCONNETT BLVD
JACKSONVILLE FL 32210
US

Mailing Address

P O BOX 7206
JACKSONVILLE FL 32238
US

00020031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1464 River Lane
Suite, Apt. #, etc.

3. Mailing Address

1464 River Lane
Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

4. FEI Number

59-1885681

Applied For

Not Applicable

Zip

32043

Country

Clay

Zip

32043

Country

Clay

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUMPKIN W. G., JR.
4549 WESCONNETT BLVD.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Lumpkin, W. G. JR.
Street Address (P.O. Box Number is Not Acceptable)

1464 River Lane

City

Green Cove Springs

FL

Zip Code

32043

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 *W. G. Lumpkin, Jr.* President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/01

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, 2001 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 PD
NAME LUMPKIN JR, WILLIAM G
STREET ADDRESS 4549 WESCONNETT BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Lumpkin Jr. William G.
STREET ADDRESS 1464 River Lane
CITY-ST-ZIP Green Cove Springs, FL. 32043 ☐ Change ☐ Addition

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

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

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

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

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

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 an other title empowered.

SIGNATURE: *William G. Lumpkin, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

Daytime Phone #

CR2E034 (10/00)

045772