

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-11-2003 90096 019 ***550.00

0144507 AT

DOCUMENT # F01000002101

1. Entity Name
LONGVIEW INSPECTION, INC.



Principal Place of Business
**16055 SPACE CENTER BLVD., SUITE 650
HOUSTON TX 77062**

Mailing Address
**16055 SPACE CENTER BLVD., SUITE 650
HOUSTON TX 77062**



2. Principal Place of Business
**101 Old Underwood Rd.
Suite, Apt. #, etc.
Bldg J
City & State
La Porte, TX
Zip
77571**

3. Mailing Address
**101 Old Underwood Rd.
Suite, Apt. #, etc.
Bldg J
City & State
La Porte, TX
Zip
77571**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2332601** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	TREAT, JAMES	
STREET ADDRESS	16055 SPACE CENTER BLVD., SUITE 650	
CITY-ST-ZIP	HOUSTON TX 77062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCANNELL, PETER	
STREET ADDRESS	43 ARCH STREET	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input type="checkbox"/> Delete
NAME	CREECH, MIKE	
STREET ADDRESS	16055 SPACE CENTER BLVD., SUITE 650	
CITY-ST-ZIP	HOUSTON TX 77062	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, TOM	
STREET ADDRESS	16055 SPACE CENTER BLVD., SUITE 650	
CITY-ST-ZIP	HOUSTON TX 77062	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINDLAY, HAL	
STREET ADDRESS	43 ARCH STREET	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANKIEVECH, KENNETH	
STREET ADDRESS	#6, 1313 - 44TH AVE. N.E.	
CITY-ST-ZIP	CALGARY, AB, CANADA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman Director Only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treat, James	
STREET ADDRESS	16055 Space Center Blvd. Ste 650	
CITY-ST-ZIP	HOUSTON, TX 77062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** Thomas Williams 7/31/03 281-853-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)