

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002216

1. Entity Name

INDEPENDENT INSPECTIONS, LTD., INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90205 007 \*\*\*150.00

Principal Place of Business

Mailing Address

S30 W24670 SUNSET DR.  
WAUKESHA WI 53186

S30 W24670 SUNSET DR.  
WAUKESHA WI 53189-7901

2. Principal Place of Business

W241 S4135 Pine Hollow Ct.

3. Mailing Address

W241 S4135 Pine Hollow Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Waukesha, WI

City & State  
Waukesha, WI

4. FEI Number **39-1584023**

Applied For  
Not Applicable

Zip  
53189

Country  
U.S.A.

Zip  
53189

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

**BADKE, KENNETH C**  
**2271 BREMEN CT**  
**PUNTA GORDA FL 33942**

Name **Thomas E. DeLacy**  
Street Address (P.O. Box Number is Not Acceptable)  
**2811-C Tamiami Trail**

City **Port Charlotte** **FL** Zip Code **33952**

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

*Thomas E. DeLacy*

Thomas E. DeLacy, President

1-18-2000

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

TITLE **VD** ☒ Delete  
NAME **HABERMAN, RON**  
STREET ADDRESS **W143S7651 INDIAN TRAIL**  
CITY-ST-ZIP **MUSKEGO WI**

TITLE **PTD** ☐ Delete  
NAME **DELACY, THOMAS E**  
STREET ADDRESS **W257 S4646 WOODLILLY LANE**  
CITY-ST-ZIP **WAUKESHA WI**

TITLE **SD** ☐ Delete  
NAME **FIELD, DEAN A**  
STREET ADDRESS **101D E. SUTTON PL.**  
CITY-ST-ZIP **WAUKESHA WI**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Thomas E. DeLacy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

(262) 544-8280

Daytime Phone #