

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 018 ***150.00

DOCUMENT # F99000000097

1. Entity Name

BUILDING ASSESSMENT SERVICES, INC.



Principal Place of Business

4100 CORPORATE SQUARE, STE 100
NAPLES FL 34104

Mailing Address

4100 CORPORATE SQUARE, STE 100
NAPLES FL 34104

2. Principal Place of Business

279 ALBI RD
Suite, Apt. #, etc. #3

3. Mailing Address

279 ALBI RD
Suite, Apt. #, etc. #3

City & State

NAPLES FL

City & State

NAPLES, FL

4. FEI Number

37-1224553

Applied For

☒ Not Applicable

Zip

Country

34112-3113 COLLIER

Zip

Country

34112-3113 COLLIER

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PETER, NORMAN A
4100 CORPORATE SQ., STE 100
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

PETER, NORMAN A.

Street Address (P.O. Box Number is Not Acceptable)

279 ALBI RD #3

City

NAPLES

FL

Zip Code

34112-3113

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 NORMAN A. PETER
Signature, typed or printed name of registered agent and title if applicable.

Norman A. Peter
(NOTE: Registered Agent signature required when reinstating)

04-29/03
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

TITLE **P** ☐ Delete
NAME **PETER, NORMAN A.**
STREET ADDRESS **279 ALBI ROAD #3**
CITY-ST-ZIP **NAPLES FL 34014**

TITLE **VP** ☐ Delete
NAME **PETER, CAROL**
STREET ADDRESS **279 ALBI RD #3**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **CD** ☐ Delete
NAME **PETER, NORMAN A**
STREET ADDRESS **279 ALBI ROAD #3**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34112-3113**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34112-3113**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34112-3113**

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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: Norman A. Peter NORMAN A. PETER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

(239) 417 5576

Daytime Phone #

CR2E034 (10/02)