

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001328

1. Entity Name

FELDMAN BUILDING INSPECTIONS, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90043 024 \*\*\*150.00

0314379

Principal Place of Business  
4801 LINTON BLVD. 11-A SUITE 222  
DELRAY BEACH FL 33445

Mailing Address  
4801 LINTON BLVD. 11-A SUITE 222  
DELRAY BEACH FL 33445

A0007077

2. Principal Place of Business  
5674 ASPEN RIDGE CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
DELRAY BEACH FL  
Zip  
33484  
Country  
PALM BEACH

4. FEI Number 14-1799443  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FELDMAN, BARRY M  
15301 PEMBRIDGE 65B  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent  
Name  
FELDMAN, BARRY M  
Street Address (P.O. Box Number is Not Acceptable)  
5674 ASPEN RIDGE CIRCLE  
City  
DELRAY BEACH FL Zip Code  
33484

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 BARRY M. FELDMAN PRES. Barry M. Feldman Jan. 9, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.) 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	PCVD	<input type="checkbox"/> Delete
NAME	FELDMAN, BARRY M	
STREET ADDRESS	4801 LINTON BLVD. 11-A SUITE 222	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SVCD	<input type="checkbox"/> Delete
NAME	FELDMAN, DONNA	
STREET ADDRESS	4801 LINTON BLVD. 11-A SUITE 222	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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 Barry M. Feldman PRES. Barry M. Feldman Jan. 9, 2001 (561)-865-0701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)