

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90603 032 ***150.00

0436250

DOCUMENT # J32132

1. Entity Name
HOME & CONDO BUYERS INSPECTION SERVICES, INC.

Principal Place of Business
**1333 SW CENTURY AVENUE
 3634 N.E. BARBARA DRIVE
 PORT ST LUCIE FL 34953
 US**

Mailing Address
**1333 SW CENTURY AVENUE
 PORT ST LUCIE FL 34957
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-8405892**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**COKER, WILLIAM F.
 1333 SW CENTURY AVE
 PORT ST LUCIE FL 34953**

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.

SIGNATURE William F. Coker
 Signature, typed or printed name of registered agent and title if applicable.

William F. Coker
 (NOTE: Registered Agent signature required when reinstating)

3/3/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 COKER, WILLIAM F.
 1333 SW CENTURY AVE
 PORT ST LUCIE FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 COKER, JUDITH A.
 1333 SW CENTURY AVE
 PORT ST LUCIE FL** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 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 all other like empowered.

SIGNATURE: William F. Coker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01
 Date

561-334-4507
 Daytime Phone #

CR2E034 (10/00)