2002
~~2001~~ **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J79014

654018

1. Entity Name
CERTIFIED INSPECTION SERVICE, INC.

Principal Place of Business
2525 TAMIAMI TRAIL
A
PORT CHARLOTTE FL 33952
US

Mailing Address
2525 TAMIAMI TRAIL
A
PORT CHARLOTTE FL 33952
US

Thank you - J.W. FEHR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20020 VETERANS BLVD.
Suite, Apt. #, etc.
STE. #11
City & State
Pt. Charlotte, Fl.
Zip 33954   County U.S.A.

3. Mailing Address
20020 VETERANS BLVD
Suite, Apt. #, etc.
Ste # 11
City & State
Pt. Charlotte Fl.
Zip 33954   Country USA

4. FEI Number 59-2845626
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FEHR, JERRY W.
2525 TAMIAMI TRAIL SUITE A
OMNI EXECUTIVE BLDG
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
Name JERRY W. FEHR
Street Address (P.O. Box Number is Not Acceptable)
20020 VETERANS BLVD.
Ste #11
City Pt. Charlotte   FL   Zip Code 33954

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 X _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)
J.W. Fehr 4/25/02   4/18/01
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 D NAME FEHR, JERRY W. STREET ADDRESS 2525 TAMIAMI TRAIL STE A CITY-ST-ZIP PT. CHARLOTTE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20020 VETERANS BLVD STE #11 PORT CHARLOTTE, Fl. 33954 ☒ Change ☐ Addition
TITLE T NAME SMARRELLI, LINDA A STREET ADDRESS 6086 BILLOT BLVD CITY-ST-ZIP PORT CHARLOTTE FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- Smarrelli, Linda A 32510 Washington Loop Rd. Punta Gorda. Fl. 33982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   J.W. Fehr 4/25/02
Date   Daytime Phone #