

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80385

1. Entity Name

B.I.S. INSPECTION AND AUDIT SERVICE, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90148 023 \*\*\*150.00

Principal Place of Business

3725 W LAKE MARY BLVD  
 308B  
 LAKE MARY FL 32746  
 US

Mailing Address

P O BOX 950670  
 LAKE MARY FL 32795-0670  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2953694**

Applied For  
 Not Applicable

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

BUTLER, CAROLEE

734 BIRCHAM PLACE

LAKE MARY FL 32746

*587 Walden View Dr  
 Sanford FL 32771*

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

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, 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 **P** ☐ Delete  
 NAME BUTLER, CAROLEE  
 STREET ADDRESS 587 WALDEN VIEW DR  
 CITY-ST-ZIP SANFORD FL 32771

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Albert R Wirth Jr**  
 STREET ADDRESS **6722 Sylvan Woods Dr**  
 CITY-ST-ZIP **Sanford FL 32771**

TITLE **D** ☐ Delete  
 NAME BUTLER, CAROLEE  
 STREET ADDRESS 587 WALDEN VIEW DR  
 CITY-ST-ZIP SANFORD FL 32771

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

TITLE **Vice-President** ☐ Delete  
 NAME **Rich Wirth**  
 STREET ADDRESS **6722 Sylvan Wood Dr**  
 CITY-ST-ZIP **Sanford FL 32771**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Carolee Butler*  
 Carolee Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/01*  
 Date

*407-321-0820*  
 Daytime Phone #

CR2E034 (10/00)