

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90095 001 ****55.00

DOCUMENT # L00000007155

1. Entity Name

BUILDING INSPECTIONS AND SERVICES, LLC

Principal Place of Business

**639 SAN PEDRO DRIVE
 LADY LAKE FL 32159**

Mailing Address

**639 SAN PEDRO DRIVE
 LADY LAKE FL 32159**

2. Principal Place of Business

**211 LITTLER LANE
 Suite, Apt. #, etc.
 LADY LAKE, FLORIDA
 City & State**

3. Mailing Address

**211 LITTLER LANE
 Suite, Apt. #, etc.
 LADY LAKE, FLORIDA
 City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3657344**

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JENNESS, WILLIAM F
 639 SAN PEDRO DRIVE
 LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name **WILLIAM F. JENNESS**
 Street Address (P.O. Box Number is Not Acceptable)
**211 LITTLER LANE
 City LADY LAKE FL Zip Code 32159**

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 *William F. Jenness*

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

(NOTE: Registered Agent signature required when reinstating)

9/3/2002
 DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME ☐ Delete
**MGRM
 JENNESS, WILLIAM F.
 STREET ADDRESS
 639 SAN PEDRO DRIVE
 CITY-ST-ZIP
 LADY LAKE FL 32159**

TITLE NAME ☐ Change ☐ Addition
**MGRM
 JENNESS, WILLIAM F.
 STREET ADDRESS
 211 LITTLER LANE
 CITY-ST-ZIP
 LADY LAKE, FLORIDA 32159**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William F. Jenness*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/3/2002 1-352-7601186
 Date Daytime Phone #

CR2E083 (4/02)