

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012049

1. Entity Name

PRESTON HOME INSPECTION SERVICES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -9 AM 9:59

Principal Place of Business

Mailing Address

7632 CORTEZ CT.
TAMPA FL 33615

7632 CORTEZ CT.
TAMPA FL 33615

2. Principal Place of Business:

3573 SHADY BLUFF DR
Suite, Apt. #, etc.

3. Mailing Address

3573 SHADY BLUFF DR
Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

Zip

33770

Country

USA

Zip

33770

Country

USA

4. FEI Number

65-1119894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLEDD, DANIEL P
7632 CORTEZ CT.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

DANIEL SLEDD

Street Address (P.O. Box Number is Not Acceptable)

3573 SHADY BLUFF DR.

City

LARGO

FL

Zip Code
33771

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

[Signature]

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9/15/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

300002380833

10/15/02--01070--013 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT
NAME: DANIEL SLEDD
STREET ADDRESS: 3573 SHADY BLUFF DR.
CITY-ST-ZIP: LARGO, FL 33770 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

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:

[Signature] SIGNATURE REQUIRED

DANIEL P. SLEDD

9/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)