FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90274 001 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30065000

DOCUMENT # L02000025026

1. Entity Name
PRO INSPECTIONS UNLIMITED, LLC

Principal Place of Business	Mailing Address
P.O. BOX 16281 FERNANDINA BEACH, FL 32035-3122 US	P.O. BOX 16281 FERNANDINA BEACH, FL 32035-3122 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1016 Isle of Palms	P.O. Box 16281
Suite, Apt. #, etc.: Apt. 1	Suite, Apt. #, etc.:
City & State: Fernandina Beach, FL	City & State: Fernandina Beach, FL
Zip: 32034 Country: US	Zip: 32035-3122 Country: US

4. FEI Number: 03-0483561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTOLOCI, JOHN P 2413 FIRST AVE, APT. O-1 FERNANDINA BEACH, FL 32035-3122	Name: John P. Santoloci Street Address (P.O. Box Number Is Not Acceptable): * 1016 Isle of Palms Apt. 1 City: Fernandina Beach FL Zip Code: 32034

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: John P. Santoloci [signature] 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: John P. Santoloci STREET ADDRESS: 1016 Isle of Palms, Apt. 1 CITY-ST-ZIP: Fernandina Beach, FL 32034	☐ 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
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CR2E083 (10/02)

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] John P. Santoloci 4/23/03 (904)347-4292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #