

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87841

1. Entity Name

W.R. INSPECTION SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90144 033 ***150.00

Principal Place of Business

Mailing Address

722 BRASSIE LANE
KISSIMMEE FL 34759-4105
US

722 BRASSIE LANE
KISSIMMEE FL 34758-3672
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

462 PEPPERMILL CIR

Suite, Apt. #, etc.

462 PEPPERMILL CIR

City & State

KISSIMMEE FL 34758-3672

City & State

KISSIMMEE FL 34758-3672

Zip

34758

Country

Zip

34758

Country

4. FEI Number

59-3018347

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

KNAPP, STEPHEN M.
5417 SOUTH FLORIDA AVE.
LAKELAND FL 33807-6422

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, 2000 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	<input type="checkbox"/> Delete
NAME	KNAPP, STEPHEN M.	
STREET ADDRESS	5417 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	ROLL SR., WILLIAM E.	
STREET ADDRESS	622 BRASSIE LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLL, REBA-K.	
STREET ADDRESS	722 BRASSIE LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROLL, THERESA A.	
STREET ADDRESS	722 BRASSIE LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	462 PEPPERMILL CIR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	462 PEPPERMILL CIR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	462 PEPPERMILL CIR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

22 April 2000 407-518-7731

CR2E034 (9/99)