## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # M47031 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** J.R. INSPECTION SERVICES, INC. 01-18-2000 90180 034 \*\*\*150.00 Mailing Address Principal Place of Business 11544 TIMBERS WAY 11544 TIMBERS WAY BOCA BATON FL 33446-3722 BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address 13927 Via Nidia 13927 Via Nidia DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2768283 Not Applicable Delray Beach. Florida Delray Beach, Florida \$8.75 Additional 5. Certificate of Status Desired Fee Required 33446 33446 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Just the address was Jeffrey R. Kothberg ROTHBERG, JEFFREY changed Street Address (P.O. Box Number is Not Acceptable) -21685-LITTLE BEAR-LANE 13927 Via Nidia BOCA RATON FL 33428 Zip Code Delray Beach, Florida FL 33446 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. Change Y Addition President PN TITLE TITLE ☐ Delete Address Jeffrey R. Rothberg 13927 Via Nidia ROTHBERG, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS J1<del>1544 TIMBERS W</del>AY 33446 CITY-ST-ZIP Delray Beach, Florida CITY-ST-ZIP BOCA-RATON FL\* ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in changed, or on an attachment with an address, with all other like empowered.