

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90251 043 \*\*\*150.00

0197495 AV

**DOCUMENT # M50535**

1. Entity Name  
**IDEAL HOME INSPECTIONS, INC.**



Principal Place of Business  
**SUITE 360**  
**150 S.W. 12TH AVENUE**  
**POMPANO BCH FL 33069**

Mailing Address  
**SUITE 360**  
**150 S.W. 12TH AVENUE**  
**POMPANO BCH FL 33069**



2. Principal Place of Business  
**150 SW 12th Avenue**  
Suite, Apt. #, etc.  
**2010**

3. Mailing Address  
**150 SW 12th Avenue**  
Suite, Apt. #, etc.  
**2010**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach FL**  
Zip  
**33069**  
Country  
**Broward**

City & State  
**Pompano Bch, FL**  
Zip  
**33069**  
Country  
**Broward**

4. FEI Number **59-2798488**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SILVER, BURTON B.**  
**150 SW 12TH AVE**  
**STE 360**  
**POMPANO BCH FL 33069**

**7. Name and Address of New Registered Agent**

Name  
**SILVER, BURTON B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SW 12TH AVE STE 2010**  
City  
**POMPANO BEACH, FL** Zip Code  
**33069**

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 **4-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SILVER, BURTON B. 150 SW 12TH AVE, SUITE 360 POMPANO BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SILVER, CAROL-NADA 150 SW 12TH AVE, SUITE 360 POMPANO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03** **954 786-6068**  
Date Daytime Phone #

CR2E034 (10/02)