

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90494 034 \*\*\*\*61.25

**DOCUMENT # N40874**

1. Entity Name

**SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC**

Principal Place of Business

Mailing Address

P.O. BOX 13023  
 ST. PETERSBURG FL 33733-3023

P.O. BOX 13023  
 ST. PETERSBURG FL 33733-3023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3047547**

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

**PIPINO, EDUARDO**  
**5952 BAY VIEW CR**  
**SAINT PETERSBURG FL 33707**

Name **PIPINO, EDUARDO**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TUBERGEN, ROBERT	
STREET ADDRESS	7850 128TH ST NO	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUBERGEN, ROBERT	
STREET ADDRESS	7850 128TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARK, ROBERT II	
STREET ADDRESS	127 ALE	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIPINO, EDWARD	
STREET ADDRESS	5952 BAY VIEW CR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	THOMAS TAFELSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3131 49TH STREET NO	
STREET ADDRESS	ST PETE FL 33710	
CITY-ST-ZIP		
TITLE	VD PIPINO, EDWARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5952 BAY VIEW CR	
STREET ADDRESS	GULFPORT FL 33707	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD, KEN	
STREET ADDRESS	3131 49TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
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		
CITY-ST-ZIP		

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 617, 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**

**4-30-2002**

Date

Daytime Phone #

CR2E037 (9/01)