## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N40961

Apr 30, 2002 8:00 AM Secretary of State

Entity Name: FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSPECTORS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4319 BANYAN TREE COURT 150 WARREN CIRCLE JACKSONVILLE, FL 32258 SUITE 5 B JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 150 WARREN CIRCLE 4319 BANYAN TREE COURT SUITE 5 B JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32259 FEI Number: 65-0231779 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZIER & GLAZIER, P.A 8825 PERIMETER PARK BLVD SUITE 504 JACKSONVILLE, FL 32216 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CLARK, GARY Name: CLARK, GARY Name: 4319 BANYAN TREE COURT Address: 150 WARREN CIRCLE, SUITE 5 B Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: () Change () Addition WAGNER, ROBERT Name: Name: Address: P.O. BOX 1089 Address: City-St-Zip: ORANGE PARK, FL 32067 City-St-Zip: Title: TD () Delete Title: () Change () Addition MULLIN, TOM Name: Name: Address: 5 WATER OAK Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: POWELL, PETE Name: 3414 MAIDEN VOYAGE CIRCLE S. Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition SERVICE, STEVE Name: Name: 5052 SWEET BASIL LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: () Change () Addition DEETER, MICHAEL Name: Name: P.O. BOX 444 Address: Address: ORMOND BEACH, FL 32175 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY T. CLARK PD 04/30/2002