

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
 07-18-2002 90134 027 ***150.00

DOCUMENT # P00000015736
 1. Entity Name
HOME INSPECTION SERVICES OF TAMPA BAY, INC.

Principal Place of Business Mailing Address
6905 SOUTH TRASK STREET 6905 SOUTH TRASK STREET
TAMPA FL 33616-1840 TAMPA FL 33616-1840

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 **59-3624379** 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2002 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **HOUSTON, PHILIP H**
 CITY-ST-ZIP **6905 SOUTH TRASK STREET**
TAMPA FL 33616-1840

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SVD**
 STREET ADDRESS **HOUSTON, JOYCE M**
 CITY-ST-ZIP **6905 SOUTH TRASK STREET**
TAMPA FL 33616-1840

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Philip H. Houston* **PHILIP H. HOUSTON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2 **(813) 837-9705**
 Date Daytime Phone #

CR2E034 (9/01)

attachment

PO0000015736
7/12/2

TO: STATE OF FLORIDA
DIVISION OF CORPORATIONS

FROM HOME INSPECTION SERVICES OF TAMPA BAY
PHILLIP H. HOUSTON
6905 S. TRASK ST
TAMPA FL 33616

SUBJECT: FILING FEE (UBR)

SIR: I JUST ABOUT HAD A HEART ATTACK WHEN I DISCOVERED THAT I HAD MISPLACED AND FOUND THE UBR FOR 2002. I IMMEDIATELY CALLED THE OFFICE OF UBR AND SPOKE TO MS TIERANEY. I EXPLAINED THAT I HAD MISPLACED THE FORM AND FORGOT IT. ~~BE~~ DUE TO THE FACT OF TENDING TO MY WIFE OF 38 YRS, MORNING & NIGHT. (SHE REQUIRES SHOTS MORNING & NIGHT AND IS ON SEVEN DIFFERENT MEDICATIONS). THIS REQUIRES ME TO HOLD TWO JOBS, ONE WITH TAMPA POLICE DEPT, WHERE I AM A RECORDS CLERK AND SECOND I HELP MAINTAIN SOME RENTAL PROPERTY, AND PERFORM THE HOME INSPECTIONS WHEN EVER POSSIBLE. I HAVE GROSSED APPROX 1400⁰⁰ WITH THE HOME INSPECTIONS.

MS TIERANEY SUGGESTED THAT I SEND THE \$150⁰⁰ FEE AND A LETTER EXPLAINING WHY IT IS LATE.

PLEASE ADVISE

THANK YOU