

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017295

1. Entity Name

THE HOME INSPECTOR OF NORTH FLORIDA, INC.

Principal Place of Business

2201 ROGERO RD.
JACKSONVILLE FL 32211

Mailing Address

2201 ROGERO RD.
JACKSONVILLE FL 32211

2. Principal Place of Business

12412 SAN JOSE BLVD

Suite, Apt. #, etc.

SUITE 402

3. Mailing Address

12412 SAN JOSE BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

32223-8620

Country

U.S.

Zip

32223-8620

Country

U.S.

4. FEI Number

59-3637443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOE, WILLIAM G JR.
599 ATLANTIC BLVD., STE. 6
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE P
NAME JONES, GARY C
STREET ADDRESS 2201 ROGERO RD.
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE VD
NAME HARTLE, MARK Q
STREET ADDRESS 2201 ROGERO RD.
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE ST
NAME HARTLE, CORA S
STREET ADDRESS 2201 ROGERO RD.
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

GARY C. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-01 904-262-0088

Daytime Phone #

0015435

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE