2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000041931 US BUILDING INSPECTORS, INC. 04-04-2001 90056 043 ***158.75 Principal Place of Business Mailing Address 1235 FALLVIEW WAY 1235 FALLVIEW WAY WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 1006 772 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARSOI CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. --- Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT Delete TITLE TITLE CARSON, JAN M. WM JAN NAME CARSON, JAN M NAME STREET ADDRESS STREET ADDRESS 1235 FALLVIEW WAY CITY-ST-ZIP PALM BEACH CITY-ST-7IP <u>West Palm Beach Fl 33414</u> TITLE THEF Delete NAME NAME CARSON, BRENDA S STREET ADDRESS STREET ADDRESS 1235 FALLVIEW WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 Addition TITLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR