

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041931

1. Entity Name

US BUILDING INSPECTORS, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90195 029 ***150.00

0363358 AV

Principal Place of Business

1235 FALLVIEW WAY
WEST PALM BEACH FL 33414

Mailing Address

1235 FALLVIEW WAY
WEST PALM BEACH FL 33414

2. Principal Place of Business

3380 Fairlane Farms Rd

Suite, Apt. #, etc.

Suite #4

City & State

Wellington

Zip

33414

Country

Palm Beach

3. Mailing Address

3380 Fairlane Farms Rd

Suite, Apt. #, etc.

Suite #4

City & State

Wellington

Zip

33414

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1006772

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAN M. CRASON

1235 FALLVIEW WAY

WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name

Jan M. Carson

Street Address (P.O. Box Number is Not Acceptable)

3380 Fairlane Farms Rd

Suite 3

City

Wellington

FL

Zip Code

33414

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)

3-12-02

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CARSON, JAN M	
STREET ADDRESS	1235 FALLVIEW WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARSON, BRENDA S	
STREET ADDRESS	1235 FALLVIEW WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, Jan M	
STREET ADDRESS	3380 Fairlane Farms Rd #3	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, Jan M	
STREET ADDRESS	3380 Fairlane Farms Rd #3	
CITY-ST-ZIP	Wellington FL 33414	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

561-784-8811

Daytime Phone #

CR2E034 (9/01)