

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000046470** *NIC (APD)*

1. Entity Name
SHERLOCK HOME INSPECTORS & CONSULTANTS, INC.

WeatherVane, Inc.

Principal Place of Business
**5190 CENTRAL AVENUE
DELEON SPRINGS FL 32130**

Mailing Address
**POST OFFICE BOX 1774
DELEON SPRINGS FL 32130**

2. Principal Place of Business
2460 Aguilos Court
Suite, Apt. #, etc.

3. Mailing Address
POB 496299
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number
59-3645316

Applied For
☐ Not Applicable

Zip
33952 Country
USA

Zip
33952 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRENETON, PAUL A
5190 CENTRAL AVENUE
DE LEON SPRINGS FL 32130**

*← Name spelled wrong
correct
spelling & Address →*

7. Name and Address of New Registered Agent

Name
Brereton, Paul A

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

2460 Aguilos Court

City
Port Charlotte, FL Zip Code
33952

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, 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
PSD
NAME
BRERETON, PAUL A
STREET ADDRESS
5190 CENTRAL AVENUE
CITY-ST-ZIP
DELEON SPRINGS FL 32130 ☐ Delete

TITLE
VTD
NAME
BRERETON, KIM G
STREET ADDRESS
5190 CENTRAL AVENUE
CITY-ST-ZIP
DELEON SPRINGS FL 32130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Address only
2460 Aguilos Court
Port Charlotte, FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Address only
2460 Aguilos Court
Port Charlotte, FL 33952

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Paul Brereton *Paul Brereton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02
Date

(941)255-3858
Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 008 ***150.00

B0064731

DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)