2001 UNIFORM BUSINESS REPORT (UBR)								FILE	D			
DOCUMENT # P0000047841 1. Entity Name ENGINEER INSPECTIONS, INC.							Apr 24, 2001 08:00 AM Secretary of State					
Principal Plac			Mailing Address 5241 ORANGE DRIVE	<u> </u>								
DAVIE 33314		FL	DAVIE 33314		FL							
2. Principal P	Place of Busines	SS	3. Mailing Address 5241 ORANGE DRIVE	_	,							
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	–	
City & State	te	FL	City & State		FL		65-101418	89		—	Applied For Not Applicable	<u> </u>
Zip 33314		Country us	Zip 33314	Cour us	itry		5. Certificate of	Status Desired		\$8.75 A		
	6. Name a	nd Address of Current	t Registered Agent	-		' 7	. Name and A	dress of New R	egistered			
WALKER REX RIII 5241 ORANGE DRIVE DAVIE FL					1			Not Acceptable	•)		<u></u>	
33314					City DAVIE		-		FL	Zip Co		-
8. The above	named entity	submits_this statement f	or the purpose of changing its	register	ed office or	registered	agent, or both,	in the State of Flo	orida.	, 0001		
SIGNATURE .	Signature, typed or		t and title if applicable. (NOT	E: Registere	d Agent signat.	ire required who	en rejustation)	-	04/24 DATE	<u>//2001</u>		
Tax filing r	_	le to satisfy its Intangible delects to do so.	1.55 p. 6-4	II FEE	IS \$150.I will be \$5	00	10. Electi	on Campaign Fir Fund Contributio	nancing		.00 May Be led to Fees	
11.	CD	OFFICERS AND	·	12.			ADDITIONS/CH	IANGES TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR 5241 ORAN DAVIE	PATRICIA K GE DRIVE	□ Delete FL 33314			DVS TAYLOI 5241 OR DAVIE	R PATRI ANGE DRIVE	CIA K	FL		e	034 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER 5241 ORAN DAVIE	REX RIII GE DRIVE	☐ Delete			DPT WALKE 5241 OR DAVIE	R REX ANGE DRIVE	RIII	FL	33314	e Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		_				=_	☐ Chang	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						-	☐ Change	e ☐ Addition	
of the cor	poration or the or or on an attac	receiver or trustee emp	h this filing does not qualify fo is true and accurate and that r powered to execute this report with all other like empowered	ny signa as redui	THE COOL D	ava tha car	ne legal effect a lorida Statutes; a	a if mada wadar .		~~~ ~~ ~~~	ac ar director	
CIGINAL	JIXE		PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR		ווע	Date		Daytime Phone	#	-

Date

Daytime Phone #