

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90438 008 ***150.00

DOCUMENT # P00000075752

1. Entity Name

NATIONAL PROPERTY INSPECTIONS OF THE EMERALD COA

Principal Place of Business

Mailing Address

311 EAST DANIELLE COURT
MARY ESHTER FL 32569

POST OFFICE BOX 247
MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

311 EAST DANIELLE CT

POST OFFICE BOX 247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARY ESTHER FL

City & State

MARY ESTHER FL

4. FEI Number

SA-3664679

Applied For

Not Applicable

Zip

32569

Country

Zip

32569-0247

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

CHARLES E. ORODENKER

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

311 E DANIELLE CT

City

MARY ESTHER

FL

Zip Code
32569

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 Charles E. ORODENKER CHARLES E. ORODENKER

3/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORODENKER, CHARLES E 311 EAST DANIELLE COURT MARY ESHTER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORODENKER CHARLES E 311 EAST DANIELLE CT MARY ESTHER FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 a address, with all other like empowered.

SIGNATURE: Charles E. ORODENKER CHARLES E. ORODENKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

850 581 9722

Daytime Phone #

0469102

CR2E034 (10/00)