2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90226 014 ***150.00

069271 FP

DOCUMENT # P00000084063

1. Entity Name
SIMPSON'S HOME INSPECTION, INC.

Principal Place of Business	Mailing Address
4539 N.E 60TH COURT COCONUT CREEK FL 33073	4539 N.E 60TH COURT COCONUT CREEK FL 33073

90133206

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1040553 ☐ Applied For ☐ Not Applicable

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
LASS ACCOUNTING & BUSINESS SERVICES 8428 W OAKLAND PRK BLVD SUNRISE FL 33351	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, PAUL 4539 N.E 60TH COURT COCONUT CREEK FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Simpson PRESIDENT 5/5/03 (954)746-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

901332206

Attachment Doc# P00000084063

Lass Accounting & Business Services, Inc.
8428 W. Oakland Park, Blvd.
Sunrise, FL 33351

5/3/03

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Simpson's Home Inspection, Inc.

To Whom It May Concern:

In reference to the above corporation we would like to sincerely apologize for the late filing. My Client President of Simpson's Home Inspection, Inc. has called and spoken to a representative at your office about this matter. Because of him not being in the country at the time of the filing of the UBR he was unable to file on time .We would greatly appreciate if you take this into consideration and kindly waive my client's additional filing fee of $400.00, which has been added. Thank you for your time. Enclosed is the copy of the UBR and a check for 150.00.

Respectfully,

Colleen Pope

Colleen Pope
Accounting Associate