

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90331 024 ***150.00

DOCUMENT # P00000090369

1. Entity Name

BEFORE YOU BY HOME INSPECTION, INC.

Principal Place of Business

**150 WARREN CIR.
 JACKSONVILLE FL 32259**

Mailing Address

**PO BOX 24094
 JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3677082

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

**AGUIRRE, FRANKLIN
 150 WARREN CIR.
 JACKSONVILLE FL 32259**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **AGUIRRE, FRANKLIN**
 CITY-ST-ZIP **150 WARREN CIR.
 JACKSONVILLE FL 32259**

TITLE ☒ Change ☐ Addition
 NAME **Franklin Aguirre, SR.**
 STREET ADDRESS **810 Diane Pullin**
 CITY-ST-ZIP **9085 BARCLAY CT.
 JACKSONVILLE, FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-2002 (904) 230-9100

CR2E034 (4/02)

Attachment P000000090369

P.O. Box 24094
Jacksonville, FL 32257

Before You Buy Home Inspection, Inc.

July 18, 2002

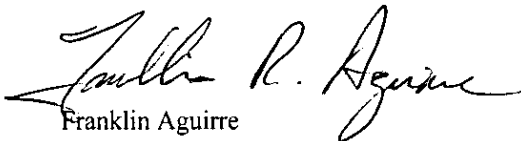
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to request an abatement of penalty for late filing of my annual corporate renewal. My address had changed and therefore I did not receive the annual renewal form timely. My new address is P.O. Box 24094, Jacksonville, FL 32257.

Please update your records so that this will not happen in the future. Also, I was unaware of the Florida street address requirement for the registered agent. Please keep the registered agent's street address as it was at 150 Warren Circle, Jacksonville, FL 32259.

Respectfully Submitted,


Franklin Aguirre
President

ENC: 1