

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000091086**

1. Entity Name

USA PROPERTY INSPECTIONS, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90104 027 ***150.00

Principal Place of Business

**3248 70TH ST. N.
ST. PETERSBURG FL 33710**

Mailing Address

**3248 70TH ST. N.
ST. PETERSBURG FL 33710**

2. Principal Place of Business

3248 70th ST N.

3. Mailing Address

3248 70th ST N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3674950

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****SCIANDRA, JAMES C
3248 70TH ST. N.
ST. PETERSBURG FL 33710**

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.

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, 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	PD	<input type="checkbox"/> Delete
NAME	SCIANDRA, JAMES C	
STREET ADDRESS	3248 70TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCIANDRA, CHARLES	
STREET ADDRESS	3248 70TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

42601

727 3020332

CR2E034 (10/00)