

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 007 \*\*\*155.00

DOCUMENT # P00000091086

1. Entity Name

USA. PROPERTY INSPECTIONS INC. (NC/LW)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3248 70<sup>th</sup> ST N

Suite, Apt. #, etc.

3. Mailing Address

3248 70<sup>th</sup> ST N.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3674950

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

33710

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

663040

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES C. SCIANDRA

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

3248 70<sup>th</sup> ST N.

City

ST PETERSBURG

FL

Zip Code

33710

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

JAMES C. SCIANDRA  
3248 70<sup>th</sup> ST N.  
ST PETERSBURG FL. 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CHARLES SCIANDRA  
8251 37<sup>th</sup> AVE N.  
ST PETERSBURG FL. 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. SCIANDRA

4/30/02

Date

727-202-0332

Daytime Phone #

CR2E034B (12/01)