FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POODOOO91086

1. Entity Name

USA PROPERTY INSPECTIONS INC.



FILED May 15, 2003 8:00 am Secretary of State

05-15-2003 90117 016 ***150.00

DO NOT WRITE IN THIS SPACE			90135285	
2. Principal Place of Business 3245 70 th St W.	3. Mailing Address	rnekrH		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
St PETZISS BILL FL	City & SOTE EREB	ull Fi	4. FEI Number 367 4950 Applied For Not Applicable	
Zip 33710 Country	Zip 33710	Country	Certificate of Status Desired See Required See Required	
The state of the s			7. Name and Address of Current Registered Agent	
		Name 🛨	Name STANIES C. SCIANOM	
DO NOT WRITE		Street Address	(P.O. Box Number is Not Acceptable)	
IN THIS SPACE		0010		
		3249	10 CT N.	
		City ST	PETERSBURG PL 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 January 1 - May 1 Fee is \$150.00				
After May 1, Fee is \$550.00			9. Election Campaign Financing \$5.00 May Be	
: Amended UBR is \$61.25 Make Check Payable to Florida Department of State			Trust Fund Contribution. Added to Fees	
10. OFFICER	S AND DIRECTORS			
NAME STREET ADDRESS S249, 70 % ST	*1D80-	TITLE		
NAME STREET ADDRESS 3248 70 5	r N.	NAME STREET ADDRESS		
CITY-ST-ZIP ST. PET-4UDING	FL 33710	CITY ST - ZIP		
TITLE VD	n //a	TITLE		
NAME CHAVIUSI SCIA	MA	NAME		
STREET ADDRESS 324 70 ST	(N.EL. 337/0	STREET ADDRESS CITY-ST-ZIP		
TITLE ST. INC.	<u> </u>	INLE		
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE		THE		
NAME		NAME	IN THIS SPACE	
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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 trusted emption 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 trusted emptions accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other tiles empty and the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51363

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Daytime Phone #

Attachment

90135285 P00000091086

TO WHOM IT MAY CONCERN,

I AM SENDING THIS PEPORT LATE DUE
TO NOT HOWING RECIEIVED THE UBR. UNTIL SATURDAY
MAY 10 TH 2003, PLEASE UPDATE YOUR RECORDS

OF MY ADDRESS 3248 70 ST-NORTH

ST. PETERSONRE, FL. 33710

THANK YOU FOR ASSISTING ME IN THIS MATTER

Jim SciANDA PROPERTY INSPECTANS INC