

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90019 005 ***150.00

DOCUMENT # P00000098079

1. Entity Name
HURRICANE INSPECTION SERVICES INC.

Principal Place of Business
**1736 SW BILTMORE ST
 PORT ST LUCIE FL 34984**

Mailing Address
**1736 SW BILTMORE ST
 PORT ST LUCIE FL 34984**

00100



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business 861 SW LAKEHURST DR. | | 3. Mailing Address P.O. BOX 7502 | |
| Suite, Apt. #, etc. STE. C | | Suite, Apt. #, etc. | |
| City & State PORT ST. LUCIE, FL | | City & State PORT ST. LUCIE, FL | |
| Zip 34983 | Country | Zip 34985 | Country |

| | |
|---|---|
| 4. FEI Number 65-1125767 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ESPENSCHIED, GAIL
1736 SW BILTMORE ST
PORT ST LUCIE FL 34984

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
861 SW LAKEHURST DR.
STE. C
 City
PORT ST. LUCIE FL Zip Code
34983

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 Gail Espenschied **GAIL ESPENSCHIED, PRES** **4-24-02**
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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ESPENSCHIED, GAIL 1736 SW BILTMORE ST PORT SAINT LUCIE FL 34984 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 861 SW LAKEHURST DR., STE. C PORT ST. LUCIE, FL 34983 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Gail Espenschied **GAIL ESPENSCHIED** **4-24-02** **(772) 879-1571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)