

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111584

1. Entity Name
HOME SPEC REAL ESTATE INSPECTION SERVICE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 21 AM 11:07

Principal Place of Business
P.O. BOX 1774
BONITA SPRINGS FL 34133

Mailing Address
P.O. BOX 1774
BONITA SPRINGS FL 34133

11/20/03 01026 002 165.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

03

City & State

City & State

4. FEI Number 59-3710568

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JOHNS, MARVIN
190 6TH ST
BONITA SPRINGS FL 34134

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHNS, MARVIN E
PO BOX 1774
BONITA SPRINGS FL 34133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

4/7/03

239-949-3006

Date

Daytime Phone #

CR2E034 (10/02)

HOME SPEC

Real Estate Inspection Service, Inc.

2/2
P.O. Box 1774
BONITA SPRINGS, FLORIDA 34133

239.263.3441 - NAPLES
239.949.3006 - BONITA
239.949.4498 - FAX
HOMESPEC@AOL.COM - EMAIL

October 23, 2003

Florida Department of State
Attn: Pat Bailey
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dishonored Check (Document #: P00000111584)

Dear Ms. Bailey:

Please be advised that our firm has recently terminated employment with a previous book-keeper. Our apologies for the overdraft check. Pursuant to our conversation enclosed is the replacement check.

Thank you for your assistance in this matter.

Respectfully,
HOME SPEC, INC.


Marvin E. Johns
President

Cc: File

MEJ/jms

*Writing
to renew
occupational
license*

RESIDENTIAL AND COMMERCIAL INSPECTIONS

TERMITE — PUNCH-OUTS — CONSTRUCTION MONITORING — RADON — MOLD/MILDEW — HOME WATCH SERVICE