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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-27-2002 90359 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007545

1. Entity Name
TECHNICAL HOME INSPECTIONS, INC.

Principal Place of Business	Mailing Address
90 ~~65~~ SUNFISH DESTIN FL 32541	PO BOX 6430 DESTIN FL 32550

37742 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
90 Sunfish St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, FL	City & State
Zip: 32541 Country: Okaloosa	Zip / Country

4. FEI Number: 59-3689023 ☐ 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:
~~FOSTER, JAMES J~~ ~~30 S. SHORE DR~~ ~~DESTIN FL 32550~~ Renée Wojcek P.O. Box 6430 Destin, FL ~~32550~~	Name: Renée Wojcek Address (P.O. Box Number is Not Acceptable): 90 Sunfish Street City: Destin FL Zip Code: ~~32541~~

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: Renée S. Wojcek, Secretary 6-14-02
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. (See criteria on back) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOJCEK, BRIAN J PO BOX 6430 DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOJCEK, RENEE S PO BOX 6430 DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Brian Wojcek SIGNATURE REQUIRED 4/30/02 850-654-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #