


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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 017 ***158.75

DOCUMENT # PO1000009860
1. Entity Name
Realty INSPECTION Services, Inc



DO NOT WRITE IN THIS SPACE

94059884

2. Principal Place of Business <u>627 MISSION CLUB BLVD</u> Suite, Apt. #, etc. # <u>211</u> City & State <u>ORLANDO, FL</u> Zip <u>32821</u> Country <u>USA</u>		3. Mailing Address <u>627 MISSION CLUB BLVD</u> Suite, Apt. #, etc. # <u>211</u> City & State <u>ORLANDO, FL</u> Zip <u>32821</u> Country <u>USA</u>	
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4. FEI Number <u>43-1993826</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRANK J. SCHMIDT
Street Address (P.O. Box Number is Not Acceptable)
627 MISSION CLUB BLVD #211
City ORLANDO FL Zip Code 32821

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 Frank J. Schmidt Frank J. Schmidt owner 4-2004
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
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>owner</u> <u>FRANK J. SCHMIDT</u> <u>627 MISSION CLUB BLVD #211</u> <u>ORLANDO, FL 32821</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 trustee empowered to execute 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 like empowered.

SIGNATURE: Frank J. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)