## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 28, 2002 8:00 am P01000010387 DOCUMENT # Secretary of State 1. Entity Name ENVIROTECT BUILDING INSPECTION SERVICES, INC. 03-28-2002 90786 040 \*\*\*150 00 Principal Place of Business Mailing Address 1201 N MIAN STREET 1201 N MIAN STREET KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -3712581 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired sceola Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROHAL, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2522 ACRES COURT KISSIMMEE FL 34744 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE Change Addition ROHAL, STEPHEN J NAME NAME 2522 ACRES COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROHAL, CONSTANCE P NAME NAME 2522 ACRES COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP TITLE ☐ Delete TITLE \_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

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