

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91238 021 \*\*\*225.00

DOCUMENT # P010000 10874

1. Entity Name

ALL PROFESSIONAL INSPECTION & REPAIR TEAM, INC.

**DO NOT WRITE IN THIS SPACE**

00100000

2. Principal Place of Business

6756 IXORA DRIVE

3. Mailing Address

5985 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMANFI

SUITE 114

City & State

City & State

DAVIE

Zip 33023

Country US

Zip 33328

Country US

4. FEI Number

32-0009423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KATHLEEN MANSEAU

Street Address (P.O. Box Number is Not Acceptable)

6756 IXORA DRIVE

City

MIRAMAN

FL

Zip Code

33023

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

*Kathleen Manseau*

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PRESIDENT  
WILLIAM MANSEAU  
STREET ADDRESS  
5985 S. UNIVERSITY DR SUITE 114  
CITY-ST-ZIP  
DAVIE, FL 33328

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Manseau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 (954) 965-8854

Date

Daytime Phone #