

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90064 050 ***150.00

0340817 AV

DOCUMENT # P01000017932

1. Entity Name

5 STAR HOME INSPECTIONS, INC.

Principal Place of Business

**13240 SW 32 CT
 DAVIE FL 33330**

Mailing Address

**13240 SW 32 CT
 DAVIE FL 33330**

2. Principal Place of Business

15240 NW 7 STREET

Suite, Apt. #, etc.

3. Mailing Address

15240 NW 7 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

33028

Country

City & State

PEMBROKE PINES, FLORIDA

Zip

33028

Country

4. FEI Number

65-1076691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHEEKES, WARREN

15130 NW 7TH ST

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

WARREN CHEEKES

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

15240 NW 7 STREET

City

PEMBROKE PINES

FL

Zip Code

FL 33028

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

Warren Cheekes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/25/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHEEKES, WARREN	
STREET ADDRESS	15130 NW 7TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUGGAN, KIRK	
STREET ADDRESS	13240 SW 32 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUGGAN, CHERYL	
STREET ADDRESS	13240 SW 32 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Warren Cheekes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02

Date

Daytime Phone #

CR2E034 (9/01)