

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90737 003 ***150.00

DOCUMENT # P01000018952

1. Entity Name
DETECTION INSPECTION, INC.



Principal Place of Business
7560 SW 162 ST
MIAMI FL 33157

Mailing Address
7560 SW 162 ST
MIAMI FL 33157

2. Principal Place of Business

3735 TRANQUILITY DR.

Suite, Apt. #, etc.

3. Mailing Address

3735 TRANQUILITY DR.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL

Zip Country
32934 USA

City & State
MELBOURNE FL

Zip Country
32934 USA

4. FEI Number 59-3704480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHMAN, SCOTT
7560 SW 162 ST
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name BACHMAN SCOTT

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

3735 TRANQUILITY DRIVE

City MELBOURNE FL Zip Code 32934

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 *Scott Bachman*

SCOTT BACHMAN Director

4/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 D ☐ Delete
NAME BACHMAN, SCOTT
STREET ADDRESS 7560 SW 162 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ Delete
NAME BACHMAN, CLAUDINE
STREET ADDRESS 7560 SW 162 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME BACHMAN, SCOTT
STREET ADDRESS 3735 TRANQUILITY DRIVE
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE D ☒ Change ☐ Addition
NAME BACHMAN, CLAUDINE
STREET ADDRESS 3735 TRANQUILITY DRIVE
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE *Claudine Bachman* CLAUDINE BACHMAN 4/1/03 (321) 253-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)