

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90041 003 ***150.00

DOCUMENT # P01000044848

1. Entity Name
LEMON INSPECTORS, INC.

Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 1201
ST. PETERSBURG FL 33701

Mailing Address
100 SECOND AVENUE SOUTH
SUITE 1201
ST. PETERSBURG FL 33701

2. Principal Place of Business
12150 72 ST
 Suite, Apt. #, etc.

3. Mailing Address
12150 72 ST
 Suite, Apt. #, etc.

City & State
Largo FL

City & State
Largo FL

4. FEI Number
59-3718958

Applied For
 Not Applicable

Zip
33773

Country
Pinellas

Zip
33773

Country
Pinellas

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

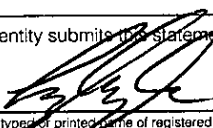
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECOMPT, MORRIS A
100 SECOND AVENUE SOUTH
SUITE 1201
ST. PETERSBURG FL 33701

Name
Craig Zelinsky
 Street Address (P.O. Box Number is Not Acceptable)
12150 72 ST LARGO FL
 City
FL Zip Code
33773

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)

4-16-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 727-5108998
 Date Daytime Phone #

CR2E034 (9/01)