

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-16-2002 90360 042 ***550.00

DOCUMENT # P01000046807

1. Entity Name

J & J HOME INSPECTION, INC.

Principal Place of Business

PMB 142
1940 KINGS HIGHWAY, SUITE 4
PORT CHARLOTTE FL 33980

Mailing Address

PMB 142
1940 KINGS HIGHWAY, SUITE 4
PORT CHARLOTTE FL 33980

39963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1101176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN L
1940 KINGS HIGHWAY, SUITE 4
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	DAVIS, MARETTA J		
STREET ADDRESS	1940 KINGS HIGHWAY, SUITE 4		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		
VSD	DAVIS, JOHN L		
STREET ADDRESS	1940 KINGS HIGHWAY, SUITE 4		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		

CR2E034 (4/02)

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:

John L. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/02 941-624-6427