

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-07-2003 90102 001 ***150.00

DOCUMENT # P01000067813

1. Entity Name
AMERICAN PROPERTY INSPECTION SERVICES, INC.



Principal Place of Business
305 FOX SQUIRREL LANE
LONGWOOD FL 32779

Mailing Address
305 FOX SQUIRREL LANE
LONGWOOD FL 32779

2. Principal Place of Business
102 CEDAR POINT LANE
Suite, Apt. #, etc.

3. Mailing Address
102 CEDAR POINT LANE
Suite, Apt. #, etc.

City & State
LONGWOOD, FLORIDA
Zip
32779
Country
SEMINOLE

City & State
LONGWOOD, FLORIDA
Zip
32779
Country
SEMINOLE

4. FEI Number **59-3730176**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ABRAHAM, LEONARD P SR.
133 RIDGEWOOD DRIVE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **Leslie M. Landry**
Street Address (P.O. Box Number is Not Acceptable)
102 CEDAR POINT LANE
City **LONGWOOD** **FL** **Zip Code** **32779**

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

3-3-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ABRAHAM, LENOARD, SR. P PRES 133 RIDGEWOOD DRIVE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ABRAHAM, LENOARD, SR. P PRES 133 RIDGEWOOD DRIVE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ABRAHAM, LENORARD, SR. P TREASUR 133 RIDGEWOOD DRIVE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LANDRY, LESLIE M SECRETA 305 FOX SQUIRREL LANE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDRY, LESLIE M VICE-PR 305 FOX SQUIRREL LANE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ABRAHAM, LENORARD, SR. P TREASUR 133 RIDGEWOOD DRIVE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Landry, Leslie M PRES 102 CEDAR POINT LANE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Landry, Leslie M, PRES 102 CEDAR POINT LANE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Landry, Winnie F, P TREASURE 102 CEDAR POINT LANE LONGWOOD, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Landry, Winnie F, SECRETA 102 CEDAR POINT LANE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Landry, Winnie F, P TREASURE 102 CEDAR POINT LANE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie M. Landry 3-4-03 407 786 5538

Date

Daytime Phone #

CR2E034 (10/02)