## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 13, 2002 8:00 am Secretary of State **DOCUMENT #** P01000076997 05-16-2002 90083 010 \*\*\*150.00 1. Entity Name FIRST CLASS HOME INSPECTIONS, INC. Principal Place of Business Mailing Address 11266 W. HILLSBOROUGH AVE., STE, 220 11266 W. HILLSBOROUGH AVE., STE, 220 TAMPA FL 33635 **TAMPA FL 33635** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORD, BUDDY E ESQ 115 N. MACDILL AVE. **TAMPA FL 33609** 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** (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution, Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE REISHUS Delete TITLE ■ Addition (9/01) NAME 11266 W H 115bowsh are # 220 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33635 CITY-ST-ZIP TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP I hereby certify that the info indicated on this report of of the corporation or the rec mation supplied with this filing os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in a control of Block 12 is lamental report is true an changed, or on an atta

**FILED**