

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90378 007 \*\*\*150.00

**DOCUMENT # P01000081502**

1. Entity Name  
**KEN'S HOME INSPECTIONS, INC.**

Principal Place of Business

**1705 TREMONT COURT  
 SUN CITY CENTER FL 33573**

Mailing Address

**1705 TREMONT COURT  
 SUN CITY CENTER FL 33573**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**01-0563275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SIEGRIST, LORENE E  
 110 SO PEBBLE BEACH BLVD  
 SUN CITY CENTER FL 33573**

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

TITLE **DPT** ☐ Delete  
 NAME **THOMAS, PAULA J**  
 STREET ADDRESS **1705 TREMONT COURT**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **DVS** ☐ Delete  
 NAME **THOMAS, KENNETH E**  
 STREET ADDRESS **1705 TREMONT COURT**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

60187994

# PO1000081502

Ken's Home Inspections  
1705 Tremont Court  
Sun City Center, FL 33573  
813-633-8511  
813-220-4083

July 3, 2002

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom it may concern:

We received the **first notice** to file an annual Uniform Business Report yesterday, July 2, 2002. As this is our first annual year we missed the original filing date. Upon talking with Madeline in your office, she advised us to send the report as soon as possible with an explanation and the original amount of \$150.00

Enclosed is our report and the remittance check.

Sincerely,

Paula J. Thomas

Paula J. Thomas  
President