

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90108 047 ***150.00

DOCUMENT # P01000081502

1. Entity Name

KEN'S HOME INSPECTIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1705 TREMONT CT.

Suite, Apt. #, etc.

3. Mailing Address

1705 TREMONT CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUN CITY CENTER FL

City & State

SUN CITY CENTER FL

4. FEI Number

01-0563275

Applied For

Not Applicable

Zip

33573

Country

USA

Zip

33573

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SIEGRIST, LORENE E.

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

110 S. PERBLE BEACH BLVD

City

SUN CITY CENTER

FL

Zip Code

33573

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
THOMAS, PAULA J.
1705 TREMONT CT.
SUN CITY CENTER FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
THOMAS, KENNETH E.
1705 TREMONT CT.
SUN CITY CENTER FL 33573

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with another like empowered.

SIGNATURE:

Paula J. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

813-642-8444

Daytime Phone #

CR2E034B (12/02)