

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90126 007 \*\*\*150.00

**DOCUMENT # P01000082312**

1. Entity Name  
**PROFESSIONAL BUILDING INSPECTIONS, INC.**



Principal Place of Business  
**547 SE FORT ISLAND TRAIL, STE A  
CRYSTAL RIVER FL 34429**

Mailing Address  
**547 SE FORT ISLAND TRAIL, STE A  
CRYSTAL RIVER FL 34429**

2. Principal Place of Business  
**10990 S. SUNCOAST BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**10990 S. SUNCOAST BLVD.**  
Suite, Apt. #, etc.

City & State  
**HOMESASSA, FL.**

Zip  
**34446**

Country  
**U.S.A**

City & State  
**HOMESASSA, FL.**

Zip  
**34446**

Country  
**U.S.A**

4. FEI Number  
**59-3752478**

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

**HOLLIDAY, CHARLES J. III**  
**547 SE FORT ISLAND TRAIL, STE A**  
**CRYSTAL RIVER FL 34429**

## 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 *Charles J. Holliday* **CHARLES J. HOLLIDAY PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/27/05  
DATE

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HOLLIDAY, CHARLES J**  
STREET ADDRESS **547 SE FORT ISLAND TR, A**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10990 S. SUNCOAST BLVD.**  
CITY-ST-ZIP **HOMESASSA, FL. 34446**

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

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:

*Charles J. Holliday* **CHARLES J. HOLLIDAY** 4/27/05 **352-302-6864**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)