

8/19/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 10, 2002 8:00 am
Secretary of State

08-19-2002 90154 012 ***150.00

DOCUMENT # P010000881271. Entity Name
FLORIDA'S FINEST HOME INSPECTIONS, INC

Principal Place of Business

**1498 NE 39TH ST
OAKLAND PARK FL 33334**

Mailing Address

**1498 NE 39TH ST
OAKLAND PARK FL 33334****42353**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-1137402

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWMAN, CHARLES
1498 NE 39TH ST
OAKLAND PARK FL 33334**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **CHARLES BOWMAN**
STREET ADDRESS **1498 N.E. 39 STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33334**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/02 (944) 234-6511
(754)

CR2E034 (4/02)

Attachment

P01000088127 42353

FLORIDA DEP. OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE FL 32314

RE: 2002 UNIFORM BUSINESS REPORT FOR
FLORIDA'S FINEST HOME INSPECTIONS, INC. P 01000088127

DEAR SIR, MADAM:

I HAVE RECENTLY RECEIVED AN UNIFORM BUSINESS
REPORT FOR MY CORPORATION FLORIDA'S FINEST HOME
INSPECTIONS, INC. REQUESTING THE REPORT BE FILED

AND A FEE OF \$550.00 PER. BUT I THINK
THERE MUST BE AN ERROR OR MISPLACEMENT HERE
SINCE THE REPORT WAS TIMELY FILED AS OF APRIL
1, 2002 AND A PROPER FEE OF \$150.- PAID
ALONG WITH IT. (I AM HEREBY ENCLOSED A COPY
OF THE ORIGINAL CHECK FOR \$150.- / BY THE WAY, I
HAVE CHECKED WITH MY BANK AND THEY HAVE VERIFIED
THAT THE CHECK HAS NOT BEEN CASHED AS OF 7/29/02.
SO I SUSPECT THERE MIGHT BE A MISPLACEMENT ON
YOUR PART HERE. INCLUDE YOU DO NOT FIND

Attachment # 42353 9/2/2002
PO100008 8/27
Attn: Sir or Madam

The following corrections have been
made as followed.

Thank you,

Charles Brown



Attachment
42353

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

August 22, 2002

FLORIDA'S FINEST HOME INSPECTIONS, INC
1498 NE 39TH ST
OAKLAND PARK, FL 33334

Subject: FLORIDA'S FINEST HOME INSPECTIONS, INC

Reference Number: P01000088127

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314