

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90157 034 \*\*\*150.00

**DOCUMENT # P01000098737**

1. Entity Name  
**FLORIDA INSPECTORS, INC.**



Principal Place of Business  
**4700 NORTHEAST 15TH AVENUE  
OAKLAND PARK FL 33334**

Mailing Address  
~~1729 E COMMERCIAL BLVD~~  
~~#288~~  
~~FORT LAUDERDALE FL 33334~~



2. Principal Place of Business

3. Mailing Address  
**PO Box 39691**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number **26-0013192**

Applied For  
Not Applicable

Zip

Country

Zip  
**33339**

Country

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

**TATE, CASIE  
4700 NORTHEAST 15TH AVENUE  
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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TATE, CASIE  
1729 E COMMERCIAL BLVD, #288  
FORT LAUDERDALE FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO Box 39691  
Fort Lauderdale, FL 33339** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GREEP, KARYN  
1729 E COMMERCIAL BLVD, #288  
FORT LAUDERDALE FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO Box 39691  
Fort Lauderdale, FL 33339** ☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

**Casie Tate**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/03** (954) 202-9642  
Date Date of Filing

CR2E034 (10/02)