

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90504 024 ***150.00

DOCUMENT # P01000099879

1. Entity Name
FUSSELL'S HOME INSPECTIONS, INC.



Principal Place of Business
16893 SE 173RD TERRACE ROAD
WEIRSDALE FL 32195

Mailing Address
PO BOX 86
WEIRSDALE FL 32195



2. Principal Place of Business

3. Mailing Address

6013 S.E. 21st Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Ocala FL

4. FEI Number 59-3751536

Applied For

Not Applicable

Zip

Country

Zip

34480

Country

USA

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

FUSSELL, MARCUS
16893 SE 173RD TERRACE ROAD
WEIRSDALE FL 32195

Name Same

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

6013 S.E. 21st Ct.

City Ocala

FL

Zip Code

34480

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 P
NAME FUSSELL, MARCUS
STREET ADDRESS 16893 SE 173RD TERR ROAD
CITY-ST-ZIP WEIRSDALE FL 32195 ☐ Delete

TITLE
NAME
STREET ADDRESS 6013 S.E. 21st Ct.
CITY-ST-ZIP Ocala, FL 34480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Marcus H. Fussell 4-23-03 352-620-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)