2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114013

1. Entity Name

1ST. CALL HOME INSPECTION, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90488 003 ***150.00

			<u>.</u>	SO WE THE					
Principal Place of Business 103 QUEENS RD. FT. PIERCE FL 34949		103 QUEENS RE	Mailing Address 103 QUEENS RD. FT. PIERCE FL 34949						
2. Principal Pia	ace of Business	3. Mailing Addre	ess					AK BIBKI BUTUK ILI	588 (1) (1 99)
Suite, Apt. #	ŧ, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	;	City & State	City & State			1 4. PER NUMBER OF 44FOCOA		<u> </u>	plied For t Applicable
Zip	Country	Zip	C	Country	5 . Ce	rtificate of Status Desired		8.75 Addi ee Required	
	6 Name and Address of	Current Registered Agent			7. Na	me and Address of New R	egistered A	gent	
. 	6. Name and Address of	Carrent regions a rigoria		Name					
LAWLOR, V	WILLIAM S	•	Street Address			(P.O. Box Number is Not Acceptable)			
103 QUEEI				-					
FT. PIERCE	E FL 34949							7:- 0-4	
			····	City	_	0	FL	Zip Code	
8. The above the obligation	named entity submits this stations of registered agent.	ement for the purpose of ch	anging its regi	istered office or regis	tered ager	nt, or both, in the State of Fic	noa. Tami	arriniar with, e	and accept
SIGNATURE _	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Reg	gistered Agent signature requ	ired when rein	stating)	DATÉ		
FI	LE NOW!!! FEE IS \$15	0.00		7	٠	= 9. Election Campaign Fir Trust Fund Contributio	nancing		O May Be
Make Check	Payable to Florida Depar	tment of State			}	Irust Fund Contributio	n) Added	10 7 003
10.		ERS AND DIRECTORS		11.	ADD	ITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	D		Delete	TITLE				☐ Change	☐ Addition
	LAWLOR, WILLIAM S			NAME		•			}
STREET ADDRESS	103 QUEENS RD.			STREET ADDRESS		•			Ì
CITY-ST-ZIP	FT. PIERCE FL 34949			CITY-ST-ZIP				☐ Change	☐ Addition
TITLE	,		Delete	TITLE				☐ Change	☐ Addition
NAME				NAME STREET ADDRESS		•			ł
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NAMÉ			'	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
		П	Delete	TITLE			<u>-</u>	☐ Change	Addition
TITLE NAME	1	Ų	Delete	NAME		-			
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	1			C1TY-ST-ZIP					
12. I hereby	certify that the information su	oplied with this filing does no	ot qualify for the and that my	e exemption stated in signature shall have t	n Section in	19.07(3)(i), Florida Statutes egal effect as if made under	I further ce oath; that I	rtify that the i	information r or director

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 afteress, with a other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #