

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

0669813 AV

DOCUMENT # P02000005844



1. Entity Name
CUSTOM BUILDING INSPECTIONS, INC.

04-28-2003 91275 042 ***150.00

Principal Place of Business
**11319 E BUSHNELL ROAD
FLORAL CITY FL 33436**

Mailing Address
**11319 E BUSHNELL ROAD
FLORAL CITY FL 33436**

11062000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2999714

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip 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

**KING, ALLEN
11319 E BUSHNELL ROAD
FLORAL CITY FL 33436**

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	KING, E ALLEN	
STREET ADDRESS	11319 E BUSHNELL ROAD	
CITY-ST-ZIP	FLORAL CITY FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ALICE M	
STREET ADDRESS	11319 E BUSHNELL ROAD	
CITY-ST-ZIP	FLORAL CITY FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JANET C	
STREET ADDRESS	11319 E BUSHNELL ROAD	
CITY-ST-ZIP	FLORAL CITY FL 33436	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allen King* **ALLEN KING**

Date **4/24/03** Daytime Phone #

CR2E034 (10/02)