FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POZOO 00 13330

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

	E.S. Inspection	Services, Gre	oup	03-17-20	003 91106 04	8 ****150.00
<u>+ \ \</u>	DO NOT WRIT	E IN THIS SI	PACE			
2. Principal	Place of Business	3. Mailing Address	0, 1			
Suite, Apr	ot. #, etc.	3800 Inver	racy Blud	DO NOT	WRITE IN THIS S	SPACE
City & Sta	erhill	City & State	<u> </u>	4. FEI Number		Applied For
Zip 2 7	S 19 Country A	Florida Zip	Country	5. Certificate of Status Desir		Not Applicable \$8.75 Additional
<u> </u>	0 \			7. Name and Address of Cui		Fee Required Agent
	Macademinana (S. Lacida), poda anti-sensor S. Companio, poda	ADITE	Name	Soct Miller	ESQ/	
		[10][Ja 15] [15] [15] [15] [15] [15] [15] [15]	Street Addre	ss (P.O. Box Number is Not Accep	table)	
	IN THIS S	PACE	3800	Inverrary Blud	Suite 1	00×E
		Let the the second seco	City &	dolill	FL	Zip Code 333 19
8. The above	re named entity submits this statemer		registered office or reg	stered agent, or both, in the State	of Florida. I am fai	
the obliga	ations of registered agent.	Tim				/ / -
SIGNATURE	Signature, type for plinted name of registrated as	10EL pent and title if applicable (NOTE	M/L LER Registered Agent signature rec	wired when rejectation)	DATE	3/7/03
. Ja	anuary 1 - May 1 Fee is \$150.00		riegistered Agent signature let	ored witer reinstating)	DATE	
. 47	After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department			Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees
. 	After Máy 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department OFFICERS A			Trust Fund Contrib		Added to Fees
Make Check 10.	After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department OFFICERS A	ND DIRECTORS	TITLE	Trust Fund Contrib	oution.	Added to Fees
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR