

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90977 026 \*\*\*150.00

DOCUMENT # **P02000019850**

1. Entity Name

**DONE RIGHT HOME INSPECTION INC**



**DO NOT WRITE IN THIS SPACE**

**70035274**

2. Principal Place of Business

**1031 NW 106 AVE**

3. Mailing Address

**1031 NW 106 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Plantation, Florida**

City & State

**Plantation, Florida**

4. FEI Number

**45-0478045**

Applied For

Not Applicable

Zip

**33322**

Country

**Broward**

Zip

**33322**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Peter Papernik**

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

**1031 NW 106 AVE**

City

**Plantation**

**FL**

Zip Code

**33322**

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

**PETER PAPERNIK**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-3-03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
Peter Papernik  
1031 NW 106 AVE  
Plantation, FL 33322**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

**PETER PAPERNIK**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4/3/03**

Date

**954-423-1511**

Daytime Phone #

CR2E034B (12/02)