

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

017630 AN

DOCUMENT # P02000024360

1. Entity Name
ADVANCED INSPECTIONS, INC.



07-14-2003 90330 042 ***550.00

Principal Place of Business
**5125 S.W. BIMINI CIRCLE
PALMCITY FL 34990**

Mailing Address
**5125 S.W. BIMINI CIRCLE
PALMCITY FL 34990**



2. Principal Place of Business
**4305 S.W. Bimini Circle
Palm City, FL
34990 USA**

3. Mailing Address
**4305 S.W. Bimini Circle
Palm City, FL
34990 USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0658021

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FAULKNER, MICHAEL K
5125 S.W. BIMINI CIRCLE
PALMCITY FL 34990**

7. Name and Address of New Registered Agent
**Faulkner, Michael K.
4305 S.W. Bimini Circle
Palm City FL 34990**

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 Michael K. Faulkner DATE 7/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAULKNER, MICHAEL K 5125 S.W. BIMINI CIRCLE PALMCITY FL 34990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Faulkner, Michael K 4305 S.W. Bimini Circle Palm City FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael K. Faulkner DATE 7/7/03 DAYTIME PHONE # 772-349-1468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)