

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

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90029 036 \*\*\*150.00

008876 AV

**DOCUMENT # P02000040286**

1. Entity Name

**PROFESSIONAL MAINTENANCE & HOME INSPECTIONS, INC**



Principal Place of Business

**230 MARINE COURT**

**APT. #1**

**LAUDERDALE BY THE SEA FL 33308**

Mailing Address

**230 MARINE COURT**

**APT. #1**

**LAUDERDALE BY THE SEA FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**03-0423607**

Applied For

Not Applicable

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

**WELSH, NICK**

**230 MARINE COURT**

**APT. #1**

**LAUDERDALE BY THE SEA FL 33308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

**\$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	<input type="checkbox"/> Delete
CEO	WELSH, NICK	230 MARINE COURT, APT. #1	LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

**SIGNATURE REQUIRED NICK WELSH (CEO)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-15-03**

Daytime Phone # **954-771-9446**

CR2E034 (4/03)

*Attachment*

*90143815*

*#PO2000040284*

PROFESSIONAL MAINTENANCE & HOME INSPECTIONS INC  
230 MARINE CT  
APT #1  
LAUDERDALE BY THE SEA  
FL 33308

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
GLENDA E HOOD  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE  
FLORIDA 32314

DEAR SIR / MADAM

THIS WAS THE FIRST YEAR OF  
OPERATION FOR THE ABOVE CORPORATION; WE DID NOT RECEIVE ANY  
PRIOR NOTICE. AND I TRUST LATE FEES CAN BE WAVED  
PLEASE FIND ENCLOSED FILING FEE OF \$150.00

MANY THANKS

*NWELSH*  
NICK WELSH CEO