

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90150 046 ***150.00

DOCUMENT # P02000055119

1. Entity Name
SOUTHERN STATES HOME INSPECTION SERVICES, INC.



Principal Place of Business
PO BOX 830208
OCALA FL 34483-0208

Mailing Address
PO BOX 830208
OCALA FL 34483-0208



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

45-0477060

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

DRAIME, DANIEL L
3603 SE 56TH ST
OCALA FL 34480

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

3/13/03

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** ☐ Delete
NAME **DRAIME, DANIEL L**
STREET ADDRESS **3603 SE 56TH ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DRAIME, LINDA**
STREET ADDRESS **3603 SE 56TH ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

352-

622-0066

CR2E034 (10/02)

Attachment

70028554
#P02000055119

**FISCAL CONCEPTS CORP.
CERTIFIED PUBLIC ACCOUNTANTS**

**FILING INSTRUCTIONS
UNIFORM BUSINESS REPORT
Annual State Information Return**

Southern States Home Inspection Services, Inc.
Year 2003

☒ **SIGN AND DATE AT LINE #8 AND LINE #12.** The original should be signed and dated by an authorized officer, partner, or owner.

☒ **AMOUNT DUE \$150.00.** Make check payable to Florida Dept. of State

☒ **MAIL BY MAY 1, 2003 TO:**
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
TALLAHASSEE, FL 32302-1500