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

## P02000060273 DOCUMENT # .

1. Entity Name

HOME INCRECTIONS INC



**FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90227 047 \*\*\*150.00

Principal Proposed Pr	FLORIDA STATE HOWE INSPECTIONS, INC.						
Section   Process of Systems   Section   Sec	4210 NE 26TH AVE. 4210 NE 26TH AVE.			64			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CYCLECK HERE IF MAKING CHANGES			3. Mailing Address				
Signature   Sign		-G HVC	Suite, Apt. #, etc.	·	CHECK HERE IF MAKII	NG CHANGES	
SPIECEL & UTREPA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL. 33145  8. The above ramed entity submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent, or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent, or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent, or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and accept the obligations of registered agent. Or both in the State of Horida. I am familiar wirn, and acce	City & State P. FL		City & State		4. FEI Number - 3674 695	<b>⊢</b>	
SPIECE & UTIRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MAMI FL 33145  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 delice fragerizate.  OIOTE Populated Agent Agents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or delice fragerizate.  OIOTE Populated Agent Agents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or delice fragerizate.  OIOTE Populated Agent Agents registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  OPTILLE LIGHT PORT STATE AGENTS  OPTILLE LIGHT AGENTS  OPTILLE LIGHT AGENTS  SIGNATURE  VSD	33064		Zip	Country	5. Certificate of Status Desired		
SPIECEL & UTIRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MAME FL. 33145  City FL Zip Code  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  FILE. NOW!!!, FEE. IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Poyable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  NAME  PTD  PTD  PTD  PTD  PTD  PTD  PTD  PT	6. Nam	e and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent	
### FLOOR ### FL				Name	•		1
ATH FLOOR MAM FL 33145  8. The abover 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				Street Address (P.O. Box Number is Not Acceptable)			
### Add for Name  ### Add for		Ϋ.					
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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	1						
	12. I hereby certify that the	ne information supplied with	n this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the i	nformation

of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, F changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: