

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 019 ***150.00

90102682

DOCUMENT # *P02000066161*

1. Entity Name

AMERICAN BUILDING INSPECTORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 DAVID WALKER DR
Suite, Apt. #, etc.

3. Mailing Address

1218 OVER LOOK RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EUSTIS FL

City & State

EUSTIS FL

4. FEI Number

03-0462451

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32726

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *DAVID VATTER*

Street Address (P.O. Box Number is Not Acceptable)
1218 OVER LOOK RD

City *EUSTIS*

FL

Zip Code
32726

**DO NOT WRITE
IN THIS SPACE**

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

DAVID VATTER

[Signature]

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<i>P13T</i>
NAME	<i>DAVID VATTER</i>
STREET ADDRESS	<i>1218 OVER LOOK RD</i>
CITY-ST-ZIP	<i>EUSTIS FL 32726</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

[Signature] *DAVID VATTER*

4/21/03

352 576 9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)