## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P02000066267



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| 1. Entity Name FLORIDA PROPERTY INSPECTION, INC.  |   |             |                      |                                   |  |             | 05-16-200   | <b>3</b> 9017 <b>3</b> 0 | 50 ***150.0                         | 00                           |  |
|---|---|-------------|----------------------|-----------------------------------|--|-------------|---|--------------------------|-------------------------------------|------------------------------|--|
| Principal Place of Business 9136-B S.W. 20TH PLACE 9136-B S.W. 20TH PLACE FT. LAUDERDALE FL 33324  Mailing Address 9136-B S.W. 20TH PLACE FT. LAUDERDALE FL 33324 |   |             |                      |                                   |  |             |   |                          |                                     |                              |  |
| 2. Principal Place of Business 3. Mailing Address   |   |             |                      |                                   |  |             |   | <b>       </b>           | <b>ik 0</b> 44 <b>0 0</b> 340 41010 |                              |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  |   |             |                      | ,                                 |  |             | ☐ CHECK HE  | RE IF MAKII              | ng Changes                          |                              |  |
| City & State City & State   |   |             |                      |                                   | <u> </u>   | 4           | 4. FEI Number 27-0019854 Applied For Not Applicable |                          |                                     |                              |  |
| Zio   | · · · · · · · · · · · · · · · · · · ·                                   |             |                      | Countr                            | у  |             | 5. Certificate of Status Desire                     |                          | \$8.75 Add                          |                              |  |
|   | 6Name and Address of Current  | Registered  | Agent -              |                                   | 7. Name and Address of New Registered Agent        |             |   |                          |                                     |                              |  |
|   |   |             |                      |                                   | Name   |             |   |                          |                                     |                              |  |
| BROWN, JOEL M<br>9136-B S.W. 20TH PLACE   |   |             |                      |                                   | Street Address (P.O. Box Number is Not Acceptable) |             |   |                          |                                     |                              |  |
| FT. LAUD  | ERDALE FL 33324   | •           |                      | 1                                 |  |             |   |                          |                                     |                              |  |
| ·.  |   |             |                      | -                                 | City   | FL Zip Code |   |                          |                                     |                              |  |
|   | named entity submits this statement for ions of registered agent.       | r the purpo | se of changing its r | egistered                         | d office or regi                                   | istered     | agent, or both, in the State of                     | Florida. I ar            | n familiar with,                    | and accept                   |  |
| 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  |   |             |                      |                                   |  | ,           | 9. Election Campaign<br>Trust Fund Contribu         | _                        |                                     | <b>0</b> May Be<br>I to Fees |  |
| 10.   | OFFICERS AND  | DIRECTOR    | RS                   | 11.                               | · · · · · · · · · · · · · · · · · · ·              |             | ADDITIONS/CHANGES TO (                              | OFFICERS AI              | ND DIRECTOR:                        | 3 IN 11                      |  |
| TITLE · NAME STREET ADDRESS CITY-ST-ZIP   | D<br>BROWN, JOEL M<br>9136-B S.W. 20TH PLACE<br>FT. LAUDERDALE FL 33324 |             | ☐ Delete             | TITLE<br>NAME<br>STREET<br>CITY-S | I ADDRESS<br>ST-ZIP                                |             |   |                          | ☐ Change                            | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             | ☐ Delete             | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>ST-ZIP                                  |             |   |                          | ☐ Change                            | Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             | □ Delete · ·         | TITLE NAME STREET CITY-S          | ADDRESS<br>ST-ZIP                                  |             |   |                          | ☐ Change                            | Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ·   |             | ☐ Delete             | TITLE NAME STREET CITY-S          | ADDRESS (  |             |   | _                        | ☐ Change                            | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             | ☐ Delete             | TITLE NAME STREET CITY-S          | ADDRESS  |             |   |                          | ☐ Change                            | Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             | ☐ Delete             | TITLE NAME STREET CITY-S          | ADDRESS<br>IT-ZIP                                  |             |   |                          | ☐ Change                            | Addition                     |  |

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

AHachment # 80119151 P02000066267

> May 13, 2003 Florida Property Inspection, Inc. 9136B SW 20<sup>th</sup> Place Ft. Lauderdale, FL 33324

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Please find enclosed a check in the amount of \$150.00 for the filing fee pertaining to the 2003 Uniform Business Report.

Regretfully, I mistakenly thought that the due date for filing the Uniform Business Report was May 15, 2003. Please note that this year is the first year that I have been required to file the Uniform Business Report. My business is a part-time business with very little revenue in 2002. I respectfully request that the \$400.00 late fee be waived and I will ensure that the report is filed in a timely manner next year.

Thank you for your consideration. Please feel free to contact me at 954-475-4777 if you have any questions.

Best regards,

Joe M. Brown

President