2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90117 035 ***550.00

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DOCUMENT # P02000067473

1. Entity Name
CERTIFIED ELEVATOR INSPECTORS, INC.

Principal Place of Business	Mailing Address
~~508 GREG ST.~~ 465 Mead Dr.	~~508 GREG ST.~~ P.O. Box 621328
~~VALRICO FL 33595~~ Oviedo, Fl. 32765	~~VALRICO FL 33595~~ Oviedo, Fl. 32762-1328

2. Principal Place of Business	3. Mailing Address
465 Mead Dr.	PO Box 621328
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, Fl.	City & State: Oviedo, Fl.
Zip: 32765 Country: USA	Zip: 32762-1328 Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0621526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T
5103 MEMORIAL HWY.
TAMPA FL 33634

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~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 D NAME SZELE, GWENDOLYN STREET ADDRESS ~~508 GREG ST.~~ CITY-ST-ZIP ~~VALRICO FL 33595~~	☐ Delete	TITLE P NAME SZELE, Gwendolyn STREET ADDRESS 465 Mead Dr. CITY-ST-ZIP Oviedo, Fl. 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 Gwendolyn B. Szele 7-22-03 407-365-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #