

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90108 006 \*\*\*550.00

**DOCUMENT # P02000079543**

1. Entity Name

**PALMETTO HOME INSPECTION, INC.**



Principal Place of Business

**2001 WATERVIEW CIRCLE  
PALM SPRINGS FL 33461**

Mailing Address

**2001 WATERVIEW CIRCLE  
PALM SPRINGS FL 33461**

2. Principal Place of Business

**2001 WATERVIEW CIRCLE  
Suite, Apt. #, etc.**

3. Mailing Address

**2001 WATERVIEW CIRCLE  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

**PALM SPRINGS**

City & State

**PALM SPRINGS, FL**

4. FEI Number **SP 000544 EIN?**

Applied For

Not Applicable

Zip

**33461**

Country

**USA**

Zip

**33461**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CHRISTOPHER C  
2001 WATERVIEW CIRCLE  
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name

**SMITH CHRISTOPHER C**

Street Address (P.O. Box Number is Not Acceptable)

**2001 WATERVIEW CIRCLE**

**PAC**

City

**PALM SPRINGS**

FL

Zip Code

**33461**

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 **CHRISTOPHER C SMITH**

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

(NOTE: Registered Agent must be located within the State)

DATE

**6-3-03**

**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 **President** ☐ Delete  
NAME **Richard Rossodivita**  
STREET ADDRESS **4139 Colle Dr**  
CITY-ST-ZIP **Lake Worth, FL, 334**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other the empowered.

SIGNATURE: **CHRISTOPHER C SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-3-03 (51) 248 3637**

Date

Daytime Phone #

CR2E034 (10/02)