

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90980 027 ***150.00

DOCUMENT # P02000093769

1. Entity Name

BEST HOME INSPECTIONS OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6654 Riparian Road

3. Mailing Address

4800 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 307B

City & State

Lantana, FL

City & State

Boca Raton, FL

Zip

Country

33460

Zip

Country

33431

US

4. FEI Number

27-0026550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CAP SERVICE CORPORATION

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

4800 N. Federal Highway

Suite 307B

City

Boca Raton

FL

Zip Code

33431

**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

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

P

NAME

KOTTHAUS, MARTIN H

STREET ADDRESS

6654 Riparian Road

CITY - ST - ZIP

Lantana, FL 33462

TITLE

V

NAME

CICERONI, ROBERT F

STREET ADDRESS

11420 153rd Court N

CITY - ST - ZIP

Jupiter, FL 33478

TITLE

T

NAME

SCHNEIDER, PATRICK J

STREET ADDRESS

4646 Blue Pine Circle

CITY - ST - ZIP

Lake Worth, FL 33463

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Ciceroni, VP

Date

Daytime Phone #

4/11/03 (501) 547-0035

CR2E034B (12/02)