

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

004907 AV

DOCUMENT # P02000101929

1. Entity Name  
BIG BEND HOME INSPECTIONS INC.



FILED

03 JAN 13 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
562 WAKULLA SPRING HWY  
CRAWFORDVILLE FL 32327

Mailing Address  
562 WAKULLA SPRING HWY  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-0006215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUGGLESS, JEREMIAH  
252 FALLWOOD LN  
CRAWFORDVILLE FL 32327

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

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 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 ☐ Delete  
NAME RUGGLESS, JEREMIAH  
STREET ADDRESS 252 FALLWOOD LN  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Change ☐ Addition  
NAME 400010665274  
STREET ADDRESS 01/23/03--01004--023 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLINE, THOMAS P  
STREET ADDRESS 28 BRIDLE GATE CT  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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  
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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 like empowered.

SIGNATURE:

*Jeremiah Ruggless*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-03 800-421-3609

CR2E034 (10/02)