

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/23

FILED
Jul 03, 2003 8:00 am
Secretary of State

04-23-2003 90251 043 ***150.00

DOCUMENT # P02000109269

1. Entity Name
AAA HOME INSPECTIONS, INC.



Principal Place of Business
8241 FOREST CIRCLE
SEMINOLE FL 33776

Mailing Address
8241 FOREST CIRCLE
SEMINOLE FL 33776

55050460

2. Principal Place of Business
P.O. Box 8713
Suite, Apt. #, etc.
Seminole, FL
City & State

3. Mailing Address
P.O. Box 8713
Suite, Apt. #, etc.
Seminole, FL
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip
33775
Country
Pinellas

Zip
33775
Country
Pinellas

4. FEI Number
55-0804774

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOHN P
401 S. LINCOLN AVENUE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: Michelsen, Larry
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 8713
88 place N.
City: Seminole FL Zip Code: 33776

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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 NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSEN, LARRY 8241 FOREST CIRCLE SEMINOLE FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSEN, SHEILA 8241 FOREST CIRCLE SEMINOLE FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 8713 Seminole FL 33776
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry Michelsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 727
329-0770
Date Daytime Phone

CR2E034 (10/02)