

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

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 036 ***150.00

DOCUMENT # *PD5000112414*

1. Entity Name

G+D Home Inspections, inc



DO NOT WRITE IN THIS SPACE

20027656

2. Principal Place of Business

18139 Lembrecht Way
Suite, Apt. #, etc.
Tampa, FL
City & State

3. Mailing Address

18139 Lembrecht Way
Suite, Apt. #, etc.
Tampa, FL
City & State

DO NOT WRITE IN THIS SPACE

Zip

33647

Country

U.S.A.

Zip

33647

Country

U.S.A.

4. FEI Number

35-1123870

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Spiegel & Utrera, P.A.*

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

1840 Coral Way, 4th Floor

City

FL

Zip Code

**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 acc the obligations of registered agent.

SIGNATURE

[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

Added to Fee:

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

President
David Leon
18139 Lembrecht Way
Tampa, FL 33647

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 empowered.

SIGNATURE:

[Signature]