

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037707

1. Entity Name

SPECTOR HOME INSPECTION SERVICES, INC.

Principal Place of Business

6915 S INDIAN RIVER DR
FT PIERCE FL 34982

Mailing Address

6915 S INDIAN RIVER DR
FT PIERCE FL 34982-7708

2. Principal Place of Business

2319 S. Indian River Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4435

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Vero Beach, FL

Zip

34950

Country

USA

Zip

32964

Country

USA

4. FEI Number

65-0515694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOBLEGARD, R N III
401-A SOUTH INDIAN RIVER DR
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME REILLY, EDWARD J.
STREET ADDRESS 6915 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE STD
NAME REILLY, LAURA K.
STREET ADDRESS 6915 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90004 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)