

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050620

1. Entity Name

SHERLOCK HOMES INSPECTION SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90050 032 ***150.00

Principal Place of Business

Mailing Address

4616 SCOTT RD
LUTZ FL 33549
US

4616 SCOTT RD
LUTZ FL 37064-9215
US

2. Principal Place of Business

3. Mailing Address

16908 Whirley Rd
Suite, Apt. #, etc.

16908 Whirley Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3253393

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | TYE, LINDA | |
| STREET ADDRESS | 4616 SCOTT RD | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JAVUREK, VICTOR | |
| STREET ADDRESS | 4616 SCOTT RD | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 16908 Whirley Rd | |
| CITY-ST-ZIP | Lutz FL 33549 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 16908 Whirley Rd | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 962 3429

CR2E034 (9/99)