

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**  
 01-26-2000 90128 044 \*\*\*150.00

**DOCUMENT # P94000062648**  
 1. Entity Name  
**ALL-STATE HOME & BUILDING INSPECTIONS INC**

Principal Place of Business 8688 YEARLING DRIVE LAKE WORTH FL 33467 US	Mailing Address 8688 YEARLING DRIVE LAKE WORTH FL 33467-1174 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SIMON, MICHAEL J**  
**8688 YEARLING DRIVE**  
**LAKE WORTH FL 33467**

4. FEI Number **64-0518667** Applied For Not Applied For  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_ (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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIMON, MICHAEL J</b> <b>8688 YEARLING DRIVE</b> <b>LAKE WORTH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *Michael J Simon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *1/20/00* Daytime Phone #: *(561) 967-3322*