## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P95000046579 **DOCUMENT #**

1. Entity Name SPECIALTY BUILDING INSPECTIONS, INC.

Principal Place of Business 1031 S PARK ROAD, #103 HOLLYWOOD FL 33021

Mailing Address P.O. BOX 823685

SOUTH FLORIDA FL 33082-3685

05							
2. Principal Place of Business 3. Mailing Address P.o. Box 81		214-25		.11 8681 11100 11100 1111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	0442	CHECK HERE IF MAKING CHANGES			
City & State City & State		City & State	ad, FL	4. FEI Number 65-0592647	<del> </del>	ed For opplicable	
Zip	Country	33081-46	Country C.S.A.	5. Certificate of Status Desired	\$8.75 Addition	nal	
	6Name and Address of Current	Registered Agent		7. Name and Address of New Register	ed Agent -		
		-	Name			)	
GROH, STEPHEN R			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1031 S PARK ROAD, #103							
HOLLYWO	OOD FL 33021						
#			City	F	Zip Code		
	e named entity submits this statement for tions of registered agent.	or the purpose of changi	ing its registered office or reg	istered agent, or both, in the State of Florida. I a	am familiar with, and	d accept	
•			•			l	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature rec	guired when reinstating) DAT	E	<del>-</del>	
-	FILE NOW!!! FEE IS \$150.00	1		9. Election Campaign Financing	\$5.00	May Be	
	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		Trust Fund Contribution.	☐ Added to		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS A	NID DIRECTORS IN	J 11	
TITLE	IP OFFICERS AND	Delete		ADDITIONS/CHANGES TO OFFICE IS A		Addition	
NAME	GROH, STEPHEN R	□ Delete	NAME		Onlingo		
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04-24-2003 90245 045 \*\*\*150.00

**FILED** Apr 24, 2003 8:00 am & Secretary of State

12. I hereby certify that the information supplied with this filling 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 attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP