2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
May 02, 2000 8:00 am
Secretary of State
03-07-2000 90031 022 ***150.00

DOCUMENT # P95000093440

1. Entity Name

FLORIDA INSPECTION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
915 A 10TH ST SW LARGO FL 33770 US	P O BOX 1308 LARGO FL 33779-1308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1775 C/W/Lgo Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater FL		City & State	
Zip: 33756	Country	Zip	Country

4. FEI Number 59-3350686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RON ESQ.
509 MAIN STREET
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name: MARGOT PEQUIGNOT
Street Address (P.O. Box Number is Not Acceptable): 164 8th Ave S.W.
City: Largo FL Zip Code: 33770

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 William Schultz — DATE 3/29/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPCM	☐ Delete
NAME	SCHULTZ, WILLIAM	
STREET ADDRESS	915 10ST SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	S	☐ Delete
NAME	RIGLEY, SHIRLEY	
STREET ADDRESS	915 10TH ST SW	
CITY-ST-ZIP	LARGO FL 33770	
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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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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] 3-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #