

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097584

1. Entity Name

HOMEPRO INSPECTION OF NORTHWEST FLORIDA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90260 033 ***150.00

Principal Place of Business

Mailing Address

151 MARY ESTHER BLVD.
405-B
MARY ESTHER FL 32569
US

151 MARY ESTHER BLVD.
405-B
MARY ESTHER FL 32569-1972
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

City & State

4. FEI Number

59-3365754

Applied For

Not Applicable

Zip

32569

Country

Zip

32569

Country

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

THOMPSON, HAROLD A III
1579 RUCKEL DR
1579 RUCKEL DRIVE
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

223 Galway Drive

City

Niceville

FL

Zip Code

32578

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	P	<input type="checkbox"/> Delete
NAME	THOMPSON, HAROLD A III	
STREET ADDRESS	1579 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, SANDRA M	
STREET ADDRESS	1579 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	THOMPSON, JONATHAN E	
STREET ADDRESS	1579 RUCKER DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Galway Drive
CITY-ST-ZIP	Niceville, FL. 32578
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Galway Drive
CITY-ST-ZIP	Niceville, FL. 32578
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Galway Drive
CITY-ST-ZIP	Niceville, FL. 32578
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Sandra M. Thompson

Sandra M. Thompson

4-26-00(850)243-7732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)