

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013647

1. Entity Name

ON THE LEVEL HOME INSPECTION COMPANY, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90197 041 ***150.00

Principal Place of Business

7520 N.W. 5TH ST
STE 103
PLANTATION FL 33317
US

Mailing Address

P.O. BOX 19686
PLANTATION FL 33318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0644649

Applied For

Not Applicable

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

KLARBERG, STEPHEN
2566 BAY POINTE DR
WESTON FL 33327

Name KLARBERG, STEPHEN

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

1525 VICTORIA ISLE WAY

City WESTON

FL

Zip Code 33327

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, 2001 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 DP
NAME KLARBERG, STEPHEN
STREET ADDRESS 7520 N.W. 5TH ST., STE 103
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME KLARBERG, RENEE
STREET ADDRESS 7520 N.W. 5TH ST., STE 103
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 (954) 316-2221

CR2E034 (10/00)