2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P96000047961 PRECISION PROPERTY INSPECTION SERVICES, INC. 04-24-2001 90052 019 ***150.00 Principal Place of Business Mailing Address 604 SPENCER AVE 604 SPENCER AVE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address 650 CLEVE LAND ST 650 CLEVE LAND ST Suite, Apt. #, etc. Suite, Apt, #. etc. DO NOT WRITE IN THIS SPACE #1394 #1394 City & State City & State CLE ARWATER, FL 4. FEI Number 59-3387998 Applied For CLEARWATER, FL No: Applicable Zip 33757 Country \$8.75 Additional 5. Certificate of Status Desired 33757 U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIARILYN CORAZZA, MARILYN N (OCAZZA Street Address (P.O. Box Number is Not Acceptable) 650 CLEVE LAND ST #1394 **604 SPENCER AVE CLEARWATER FL 33756** ^{City}CLEARWATER FL Zio Code 33757 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE D CR2E034 (10/00) Addition DIEW D. COLAZZA CORAZZA, DREW D NAME NAME **604 SPENCER AVE** STREET ADDRESS STREET ADDRESS 650 CLEVELAND ST #1394 CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP CLEARWATER, FL 33757 TITLE ☐ Delete ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.