

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

0086511

DOCUMENT # P96000050267

Entity Name

ACCU SPEC HOME INSPECTION INC.

05-01-2001 90056 003 \*\*\*150.00

Principal Place of Business: 1986 ANGLERS COVE VERO BEACH FL 32963  
 Mailing Address: 1986 ANGLERS COVE VERO BEACH FL 32963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.; City & State

3. Mailing Address: Suite, Apt. #, etc.; City & State

4. FEI Number: NOT APPLICABLE  
 Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GENTILE, LAWRENCE F  
 1986 ANGLERS COVE  
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 the filing date

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$850.00  
 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	GENTILE, LAWRENCE F	
STREET ADDRESS	1986 ANGLERS COVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	GENTILE, MARY T	
STREET ADDRESS	1986 ANGLERS COVE	
CITY-ST-ZIP	VERO BCH FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 to this address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registering Office

4/25/01

CR2E034 (10/00)