

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 043 ***150.00

DOCUMENT # *P96000053199*

1. Entity Name

A&C BUILDING INSPECTIONS, INC.



DO NOT WRITE IN THIS SPACE

55045345

2. Principal Place of Business

4379 Hickory Dr.
Suite, Apt. #, etc.

3. Mailing Address

4379 Hickory Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEL Number

65-0688427

Applied For

Not Applicable

Zip
33418

Country
PB

Zip
33418

Country
PB

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *JOHN C. LEHR, JR.*

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

4379 Hickory Dr.

City *Palm Beach Gardens*

FL

Zip Code *33418*

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John C. Lehr, Jr.

JOHN C. LEHR, JR.

5/30/03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*President
JOHN C. LEHR, JR.
4379 HICKORY DR.
PBG, FL 33418*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03

561-625-0299

DATE

DAYTIME PHONE #

CR2E034B (12/02)