

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 040 ***150.00

DOCUMENT # **P96000002596**
1. Entity Name
FAMILIA INSPECTIONS INC

DO NOT WRITE IN THIS SPACE

671711

2. Principal Place of Business
186 MONTEREY ISLE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 915806
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD FL.

City & State
LONGWOOD F

4. FEI Number
59-3390785

Applied For
Not Applicable

Zip
32779

Country
SEMINOLE

Zip
32791

Country
SEMINOLE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William W. Familia

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

City **LONGWOOD** FL Zip Code **32779**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OWNER - PRES.
William W. Familia
186 MONTEREY ISLE
LONGWOOD FL. 32779**

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William W. Familia** **WILLIAM W. FAMILIA** **5/20/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #