

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014596

1. Entity Name

JOSEPH M. BARRASS HOME INSPECTION, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90018 004 \*\*\*150.00

Principal Place of Business  
7702 SOLIMAR CIRCLE  
BOCA RATON FL 33433

Mailing Address  
7702 SOLIMAR CIRCLE  
BOCA RATON FL 33433-1052

80000297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
SAME

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
SAME

Suite, Apt. #, etc.  
SAME

City & State  
SAME

City & State  
SAME

Zip  
SAME

Country  
SAME

Zip  
SAME

Country  
SAME

4. FEI Number 65-0725661

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARRASS, JOSEPH M  
7702 SOLIMAR CIRCLE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BARRASS, JOSEPH M  
7702 SOLIMAR CIRCLE  
BOCA RATON FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

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

1-3-00

Date

Daytime Phone #