

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021681**

1. Entity Name

IMS PROPERTY INSPECTION SERVICES, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90439 029 ***150.00

Principal Place of Business

**1101 6TH AVENUE WEST
SUITE 120
BRADENTON FL 34205**

Mailing Address

**1101 6TH AVENUE WEST
SUITE 120
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0738799**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, CHARLES F. I ESQ.
BLALOCK, LANDERS, ET AL
802 11TH STREET, W
BRADENTON FL 34205**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	IERULLI, STEPHEN M	
STREET ADDRESS	1101 6TH AVENUE WEST #120	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSIER, ELAINE J.	
STREET ADDRESS	1101 6TH AVE W, SUITE 114	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	BARBOUR, CHRISTINA C.	
STREET ADDRESS	1101 6TH AVE W, SUITE 114	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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

STEPHEN M. IERULLI, PRES

Date

3/22/01

Daytime Phone #

(941) 746-3328

CR2E034 (10/00)