

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031977

1. Entity Name

HOMETOWN INSPECTOR INC.

Principal Place of Business

Mailing Address

19651 B. DOWNES BLVD. #D3123  
TAMPA FL 33647

19651 B. DOWNES BLVD. #D3123  
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

19046 Bruce B Downs Blvd

19046 Bruce B Downs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #121

PMB #121

City & State

City & State

Tampa, FL

Tampa, FL

Zip  
33647

Country  
USA

Zip  
33647

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, RICHARD A  
101 EAST KENNEDY  
SUITE 2125  
TAMPA FL 32301

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 ☐ Delete  
NAME D  
STREET ADDRESS RODRIGUEZ, KATHY  
CITY-ST-ZIP 19651 B. DOWNES BLVD. #D3123  
TAMPA FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19046 Bruce B Downs Blvd, PMB #121  
CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kathy Z. Rodriguez* Kathy Z. Rodriguez 2/14/00 813/214-3034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90038 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3505225

Applied For  
Not Applicable

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