FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000031977 HOMETOWN INSPECTOR INC. 04-24-2001 90020 014 ***150.00 Mailing Address Principal Place of Business 19046 BRUCE B DOWNS BLVD 19046 BRUCE B DOWNS BLVD PMB #121 PMB #121 TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3505225 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERTS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY **SUITE 2125 TAMPA FL 32301** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change Addition ☐ Delete TITLE TITLE MAME RODRIGUEZ, KATHY STREET ADDRESS STREET ADDRESS 19046 BRUCE B DOWNS BLVD, PMB #121 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (10/00)