

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90092 026 ***158.75

DOCUMENT # P98000064000

1. Entity Name

DETAILS INSPECTION FIRM, INC.

Principal Place of Business

**622 BONITA ROAD
 WINTER SPRINGS FL 32708**

Mailing Address

**622 BONITA RD
 WINTER SPRINGS FL 32708**

2. Principal Place of Business

622 BONITA RD
 Suite, Apt. #, etc.

3. Mailing Address

622 BONITA RD
 Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3524252

Applied For

Not Applicable

Zip

Country

32708

USA

Zip

Country

32708

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FRAME, ANDREW

622 BONITA ROAD

WINTER SPRINGS FL 32719

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 **ANDREW R. FRAME**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/02
 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, 2002 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 **RS** ☐ Delete
 NAME **FRAME, ANDREW**
 STREET ADDRESS **622 BONITA RD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VPT** ☐ Delete
 NAME **FRAME, DEBORA**
 STREET ADDRESS **622 BONITA RD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

ANDREW R. FRAME
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 407 3275346

CR2E034 (9/01)