

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072108**

1. Entity Name

ABL INSPECTIONS, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90054 025 ***150.00

Principal Place of Business

**5011 CHALLENGER WAY
PENSACOLA FL 32507**

Mailing Address

**5011 CHALLENGER WAY
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3532217**

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

**MOTT, BOBBY G
5011 CHALLENGER WAY
PENSACOLA FL 32507**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	MOTT, BOBBY G			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5011 CHALLENGER WAY		PENSACOLA FL 32507				
	V	<input type="checkbox"/> Delete	WILLIAM, ROBERT M			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3061 TEAL COURT		MOBILE AL 36695				
	S	<input type="checkbox"/> Delete	DANIEL, HENRY M			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5437 OAKMONT DR		MILTON FL 32571				
	T	<input type="checkbox"/> Delete	NELSON, ROBERT E			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1474 HWY 97 S		CANTONMENT FL 32533				
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **BOBBY G. MOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 850-497-8302

CR2E034 (10/00)