

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90136 013 \*\*\*150.00

0067960 AV

**DOCUMENT # P98000072108**

1. Entity Name  
**ABL INSPECTIONS, INC.**



Principal Place of Business  
~~5011 CHALLENGER WAY~~  
**PENSACOLA FL 32507**

Mailing Address  
~~5011 CHALLENGER WAY~~  
**PENSACOLA FL 32507**

2. Principal Place of Business

**13526 PERDIDO KEY DR.**

3. Mailing Address

**13526 PERDIDO KEY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PENSACOLA, FLA.**

City & State  
**PENSACOLA, FLA.**

4. FEI Number **59-3532217**

Applied For  
Not Applicable

Zip  
**32507**

Country  
**USA**

Zip  
**32507**

Country  
**USA**

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~~ **13526 PERDIDO KEY DR.**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May-1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MOTT, BOBBY G.</b>        |  |
| STREET ADDRESS | <b>13526 PERDIDO KEY DR</b>  |  |
| CITY-ST-ZIP    | <b>PENSACOLA, FLA. 32507</b> |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Bobby G. Mott**  
**RECEIVED BOBBY G. MOTT**

**4/24/03**

**8504924638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)