

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91760 031 ***150.00

DOCUMENT # P980000 84910 ✓
1. Entity Name CERTIFIED INSPECTION SERVICE
OF S.W. FL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business New ADDRESS
Suite, Apt. #, etc. 2338 MMOKALEE RD
City & State NAPLES FL
Zip 34110 Country USA

4. FEL Number 65-0867154
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PITKIN + POWERS ATTYS @law
Street Address (P.O. Box Number is Not Acceptable) 4947 TAMMAM TRAIL RD STE 200
City NAPLES FL Zip Code 34103

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

(NOTE: Registered Agent signature required when reinstating)

DATE 5/20/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME George Cirabisi
STREET ADDRESS 1935 EMPRESS CT
CITY-ST-ZIP NAPLES FL 34110

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CR2E034B (12/01)

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 on an attachment with an address, with any other like empowered.

SIGNATURE: George Cirabisi 5/20/02 (239) 261-9192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #