

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90008 045 ***158.75

DOCUMENT # P98000099654

1. Entity Name

ASSURANCE HOME INSPECTIONS, INC.

Principal Place of Business

1208 ROXBURY DR.
SAFETY HARBOR FL 34695

Mailing Address

1208 ROXBURY DR.
SAFETY HARBOR FL 34695

2. Principal Place of Business

706 1ST AVENUE NORTH

3. Mailing Address

706 1ST AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

4. FEI Number 59-3543297

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

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

PALMER, WILLIAM J
1208 ROXBURY DR
SAFETY HARBOR FL 34695

Name

WILLIAM J. PALMER

Street Address (P.O. Box Number is Not Acceptable)

706 1ST AVENUE NORTH

City

SAFETY HARBOR

FL

Zip Code

34695

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

William J. Palmer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-01

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 ☐ Delete
NAME P
STREET ADDRESS PALMER, WILLIAM J
CITY-ST-ZIP 1208 ROXBURY DR.
SAFETY HARBOR FL 34695

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 706 1ST AVENUE NORTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME V
STREET ADDRESS CHIRONNO-PALMER, JACQUELINE
CITY-ST-ZIP 1208 ROXBURY DR
SAFETY HARBOR FL 34695

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 706 1ST AVENUE NORTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME S
STREET ADDRESS CHIRONNO-PALMER, JACQUELINE
CITY-ST-ZIP 1208 ROXBURY DR
SAFETY HARBOR FL 34695

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 706 1ST AVENUE NORTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

William J. Palmer PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-01

Daytime Phone #

727-726 0581

CR2E034 (10/00)