

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90050 038 ***150.00

0465011

DOCUMENT # P98000101654

1. Entity Name
ACCURATE HOME INSPECTION COMPANY

Principal Place of Business 138 CHESS SPENCE RD. DEFUNIAK SPRINGS FL 32433	Mailing Address 138 CHESS SPENCE RD. DEFUNIAK SPRINGS FL 32433
---	---

00048513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3561977** Applied For
 Not Applicable

Zip 32435	Country	Zip 32435	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	---------	---------------------	---------	---

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAIRD, THEODORE L
 138 CHESS SPENCE RD.
 DEFUNIAK SPRINGS FL 32433**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code 32435

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, THEODORE L	NAME	
STREET ADDRESS	138 CHESS SPENCE RD.	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, PATRICIA A	NAME	
STREET ADDRESS	138 CHESS SPENCE RD.	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Theodore L. Laird* Date: **4-11-01** Daytime Phone #: **850-892-8571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)