

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P99000007976

1. Entity Name

A-OKEY INSPECTIONS, INCORPORATED

FILED
May 10, 2000 8:00 am
Secretary of State

03-21-2000 90057 022 ***158.75

Principal Place of Business

Mailing Address

117 KEY HAVEN ROAD
KEY WEST FL 33071

117 KEY HAVEN ROAD
KEY WEST FL 33040-6221

2. Principal Place of Business

117 KEY HAVEN RD

Suite, Apt. #, etc.

3. Mailing Address

117 Key HAVEN RD

Suite, Apt. #, etc.

City & State

Key West, FL

Zip
33040

Country

US

City & State

Key West, FL

Zip
33040

Country
US

4. FEI Number

65-0896051

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMSINGH, RAMSINGH
117 KEY HAVEN ROAD
KEY WEST FL 33071

7. Name and Address of New Registered Agent

Name RAJINDHAR Ramsingh

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

117 Key ~~West~~ HAVEN RD

City Key West

FL

Zip Code

33040

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 RAJINDHAR Ramsingh

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

(NOTE: Registered Agent signature required when transferring)

DATE

3/15/00

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, 2000 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

TITLE President ☐ Delete
NAME RAJINDHAR M. Ramsingh
STREET ADDRESS 117 Key HAVEN RD
CITY-ST-ZIP Key West, FL. 33040 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: RAJINDHAR Ramsingh 3/15/00 305 304-6549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)