FILED DOCUMENT # **P99000013893** May 11, 2000 8:00 am Secretary of State 1. Entity Name LOOK-N-SEE HOME INSPECTION CORP. 04-13-2000 90064 012 ***150.00 Principal Place of Business Mailing Address 282 N.E. 31ST ST. 282 N.E. 31ST ST. **BOCA RATON FL 33431 BOCA RATON FL 33431-6724** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0916442 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -DEAL-STANLEY-Street Address (P.O. Box Number is Not Acceptable) 282 N.E. 31ST ST. BOCA RATON FL 33431 Zip Code City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/99) TITLE ☐ Delete TITLE NAME NAME 282 N.E. 315 Si. STREET ADDRESS STREET ADDRESS BOCO RATION, FL 33431-6724 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NE DEAL NAME STREET ADDRESS STREET ADDRESS RAIDY, PL 39431-6724 CiTY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

APRIL 7,00 561-750-1351

☐ Chance

☐ Addition