2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P99000019889 1. Entity Name PROSPEC HOME INSPECTION SERVICE, INC. 04-17-2000 90016 041 ***150.00 Principal Place of Business Mailing Address 713 SOUTH ORANGE AVE., #B 1261 RIEGEL'S LANDING DR. SARASOTA FL 34236 SARASOTA FL 34242-1781 2. Principal Place of Business 3. Mailing Address SAME 7/3 SO. ORANGE AUG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 5CHUHRIEMEN OSEPH W KING, CLIFFORD M Address (P.O. Box Number is Not Acceptable) 50. ORANGE HUE 1800 SECOND STREET, SUITE 855 SARASOTA FL 34236 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 URESIDENT TITLE TITI F ☐ Change ☐ Addition ☐ Delete OSEPH SCHUHRIEWEN NAME NAME STREET ADDRESS STREET ADDRESS I RIECEL'S LAWDING CITY-ST-ZIP CITY-ST-ZIP RASOTA, FC 34242 UICE PRESIDENT ☐ Change ☐ Addition TITLE TITI F JOHN R. WORMUN NAME NAME 3465 BRANCH CREEKOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAKASOTA CITY-ST-ZIP SECRETARY Delete -TITLE -☐ Change Addition TITLE LISA A. NORMAN NAME NAME 65 BRANCH CREEK DR SARASOTA, FL 34235 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREAS. DATRICIA A. SCHUHRIEMEN ☐ Change ☐ Addition TITLE TriLE NAME NAME 261 RIECEL'S LANDING BR STREET ADDRESS STREET ADDRESS AKASOTH, FL 34242 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 adjother the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR