## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 21, 2002 8:00 am Secretary of State DOCUMENT # P99000019889 1. Entity Name 05-21-2002 90869 030 \*\*\*150.00 PROSPEC HOME INSPECTION SERVICE, INC. Principal Place of Business Mailing Address 713 S. ORANGE AVE. #B 713 SOUTH ORANGE AVE., #B SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0899214 Not Applicable Zip Country 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 Name \_ SCHUHRIEMEN, JOSEPH W Street Address (P.O. Box Number is Not Acceptable) 713 S. ORANGE AVE. #B SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) TITLE SCHUHRIEMEN, JOSEPH W NAME NAME STREET ADDRESS STREET ADDRESS 1261 RIEGELS LANDING DR. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34242 ☐ Addition Change Change TITLE VΡ ☐ Delete TITLE NAME NORMAN, JOHN NAME STREET ADDRESS STREET ADDRESS 3465 BRANCH CREEK DR. CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete Change ☐ Addition -TITLE NAME NAME NORMAN, LISA STREET ADDRESS 3465 BRANCH CREEK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME SCHUHRIEMEN, PATRICIA STREET ADDRESS STREET ADDRESS 1261 RIEGELS LANDING DR. CITY-ST-7IF SARASOTA FL 34242 CITY-ST-ZIP TITLE □ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hereby certify that the information supplied with this filling document qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 is changed, or on an attact ment with an address, with all other like empowered.