

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90129 014 ***150.00

DOCUMENT # P99000034255

1. Entity Name

HOME INSPECTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

**7353 PALMDALE DRIVE
 BOYNTON BEACH FL 33436**

Mailing Address

**7353 PALMDALE DRIVE
 BOYNTON BEACH FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITELY, RAE
 7353 PALMDALE DRIVE
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE _____

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **WHITELY, BELHAN**
 STREET ADDRESS: **7353 PALM CIRCLE DR.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: Change Addition
 NAME: **WHITELY, BETHAN**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VP** Delete
 NAME: **WHITELY, RON**
 STREET ADDRESS: **371 NE 27TH CT.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33435**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **C** Delete
 NAME: **WHITELY, RAE**
 STREET ADDRESS: **7353 PALM CIRCLE DR.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33435**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
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TITLE: Delete
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TITLE: Delete
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 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: Bethan Whitely **BETHAN WHITELY** 4/19/01 561 644-1570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)