

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90941 001 ***300.00

DOCUMENT # P99000046166

1. Entity Name
KEMPER INSPECTION SERVICES, INC.

Principal Place of Business

125856 RAYSBROOK DRIVE
RIVERVIEW FL 33569

Mailing Address

125856 RAYSBROOK DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

10321 Tarragon Dr
 Suite, Apt. #, etc.

3. Mailing Address

10321 Tarragon Dr
 Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Riverview FL

4. FEI Number

59-3578666

Applied For

Not Applicable

Zip
33569

Country
USA

Zip
33569

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KEMPER, RICH
125856 RAYSBROOK DRIVE
RIVERVIEW FL 33569

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, 2002 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	D ☐ Delete
NAME	KEMPER, RICH
STREET ADDRESS	125856 RAYSBROOK DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	D ☐ Delete
NAME	KEMPER, DEBBIE
STREET ADDRESS	125856 RAYSBROOK DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
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	10321 Tarragon Dr
CITY-ST-ZIP	Riverview FL 33569
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	10321 Tarragon Dr
CITY-ST-ZIP	Riverview FL 33569
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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: *Debbie Kemper*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

813672-4250
 Daytime Phone #

CR2E034 (9/01)