

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054477

1. Entity Name

SCHOOL INSPECTION SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90044 004 ***150.00

Principal Place of Business

Mailing Address

427 MCKENZIE AVE.
PANAMA CITY FL 32401

427 MCKENZIE AVE.
PANAMA CITY FL 32401-3132

2. Principal Place of Business

3. Mailing Address

647 JENKS AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State

City & State

PANAMA CITY FLA

4. FEI Number

59-3585771

Applied For

Not Applicable

Zip

Country

Zip

Country

32401

FLA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, DANIEL III
427 MCKENZIE AVE.
PANAMA CITY FL 32401

Name

JOHN K. LOCKE

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

608 MAILORY DR.

City

PANAMA CITY

FL

Zip Code

32401

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 the 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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D NIX, PAUL	P.O. BOX 15412	PANAMA CITY FL 32406	<input checked="" type="checkbox"/>
	PRESIDENT	JOHN K LOCKE	647 JENKS AVE	<input type="checkbox"/>
	JOHN K LOCKE	647 JENKS AVE	PANAMA CITY FLA 32401	<input type="checkbox"/>
	V.P.	HILTON CREE	647 JENKS AVE	<input type="checkbox"/>
	HILTON CREE	647 JENKS AVE	PANAMA CITY FLA 32401	<input type="checkbox"/>
	SEC.	JIM POPE	647 JENKS AVE	<input type="checkbox"/>
	JIM POPE	647 JENKS AVE	PANAMA CITY FLA 32401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 866-7673

CR2E034 (9/99)