

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057798

1. Entity Name

HUGO LINTNER HOME INSPECTIONS, INC.

**FILED**  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90023 006 \*\*\*150.00

Principal Place of Business

Mailing Address

5138 CEDAR HAMMOCK DRIVE  
SARASOTA FL 34232

5138 CEDAR HAMMOCK DRIVE  
SARASOTA FL 34233-3836

C0020695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**HUGO LINTNER**  
**HOME INSPECTIONS INC.**  
5563 BOUNTIFUL DR.  
SARASOTA, FL 34233

**HUGO LINTNER**  
**HOME INSPECTIONS INC.**  
5563 BOUNTIFUL DR.  
SARASOTA, FL 34233

4. FEI Number

65-0933-839

Applied For

Not Applicable

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

LINTNER, HUGO  
5138 CEDAR HAMMOCK DRIVE  
SARASOTA FL 34232

Name LINTNER HUGO

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

5563 BOUNTIFUL DR.

City SARASOTA

FL | Zip Code 34233

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

Hugo Lintner

HUGO LINTNER

2-7-2000

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, 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 D  
NAME LINTNER, HUGO  
STREET ADDRESS 5138 CEDAR HAMMOCK DRIVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE D  
NAME LINTNER, HUGO  
STREET ADDRESS 5563 BOUNTIFUL DR.  
CITY-ST-ZIP SARASOTA, FL. 34233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:

Hugo Lintner HUGO LINTNER 2-7-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-724-3107