

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068970

1. Entity Name

CERTIFIED PROPERTY INSPECTION, INC.

Principal Place of Business

15250 FRUITVILLE RD.  
SARASOTA FL 34240-9295

Mailing Address

15250 FRUITVILLE RD.  
SARASOTA FL 34240-9295

2. Principal Place of Business

15250 Fruitville Rd

Suite, Apt. #, etc.

SARASOTA, FL

City & State

3. Mailing Address

15250 Fruitville Rd.

Suite, Apt. #, etc.

SARASOTA, FL

City & State

Zip

34240-9295

Country

US & A

Zip

34240-9295

Country

US & A

6. Name and Address of Current Registered Agent

GRAYSON, WM C  
15250 FRUITVILLE RD.  
SARASOTA FL 34240-9295

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

TITLE PS  
NAME GRAYSON, HENRY  
STREET ADDRESS 15250 FRUITVILLE ROAD  
CITY-ST-ZIP SARASOTA FL 34240-9295 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 041 \*\*\*150.00

C0072310



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

Attachment  
P99000068970EIN **678310**  
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

**HENRY GRAYSON**

2 Trade name of business (if different from name on line 1)

**CERTIFIED PROP. INSP. INC.**

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

**15250 FRUITVILLE RD.**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

**SARASOTA, FLA. 34240-9295**

5b City, state, and ZIP code

6 County and state where principal business is located

**SARASOTA FL.**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

**HENRY GRAYSON SOLE OWNER**

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☒ Sole proprietor (SSN) **410-22-4682**☐ Estate (SSN of decedent)☐ Partnership☐ Personal service corp.☐ Plan administrator (SSN)☐ REMIC☐ National Guard☐ Other corporation (specify) ▶☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☐ Other nonprofit organization (specify) ▶

(enter GEN if applicable)

☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**FLA.**

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ **OPERATED & REPAIRED HEREUNTIL - IN MY OWN NAME**☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ▶☐ Created a trust (specify type) ▶☐ Other (specify) ▶ **ALWAYS USED PERSONAL**

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions)

**ABOUT A YEAR AGO - SET UP CORP. - NOT REALLY STARTED YET - NOT SURE IF ACCOUNTING YEAR YET!**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ▶

**HOME INSP. (SOLE)**

15 Is the principal business activity manufacturing? ...

☐ Yes☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Business (wholesale)☐ Public (retail)☐ Other (specify) ▶**NOT PRODUCTS - SERVICES ONLY**☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ...

☒ Yes☐ No

Note: If "Yes," please complete lines 17b and 17c.

**YEARS 8 YEARS AGO - FOR A REPAIR SHOP CORP.**

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

**FESCO ELECTRONICS INC.**

Trade name ▶

**SAME**

17c Approximate date when and city and state where the application was filed (Enter previous employer identification number if known).

Approximate date when filed (mo., day, year)

City and state where filed

**LOST LONG AGO!**

Previous EIN

**UNKNOWN AT THIS DATE**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**(941) 322-1248**

Fax telephone number (include area code)

**( ) - SAME -**

Name and title (Please type or print clearly.) ▶

**HENRY GRAYSON**

Signature ▶

**Henry Grayson**Date ▶ **4-20-01**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying