## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am Secretary of State P99000087658 DOCUMENT # 1. Entity Name 05-27-2002 90356 038 \*\*\*150 00 LATITUDE 24 INSPECTION SERVICES, INC. 02 Principal Place of Business Mailing Address 1800 ATLANTIC BOULEVARD 1800 ATLANTIC BOULEVARD RECD DOR KEY WES! C-319 C-319 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 1800 ATT. 1800 ATT. BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C319 C319 City & State City & State 4. FEI Number Applied For 65-0953361 Kw Not Applicable Zip Country Country \$8.75 Additional ušn 5. Certificate of Status Desired П 330<u>40</u> us-A Fee Required 7. Name and Address of New Registered Agent 6-Name and Address of Current Registered Agent MARONOC me. JORDAN, ED Sfreet Address (P.O. Box Number is Not Acceptable) 14442 S.W. 172ND LANE **MIAMI FL 33177** 172 NO (ANK S.W. 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 2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition VITALLE, MARK J NAME NAME 1800 ATLANTIC BLVD #C319 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED