

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 22, 2001 8:00 am
Secretary of State

04-27-2001 90360 010 ***150.00

DOCUMENT # P99000089268

1. Entity Name

RELIABLE PROPERTY INSPECTION GROUP, INC.

Principal Place of Business

**3501 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**

Mailing Address

**3501 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501-302 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

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

City

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LARROW, PAUL L**
STREET ADDRESS **3501-302 DEL PRADO BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Paul L. Larrow**4/23/2001**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day to Phone It

CR2034 (10/00)

Application for Employer Identification Number

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

Keep a copy for your records.

Attachment
451735
EIN *099000089218*
OMB No. 1545-0003

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

RELIABLE PROPERTY INSPECTION GROUP, INC.

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

3 Executor, trustee, "care of" name

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

3501-302 DEL PRADO BLVD

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

4b City, state, and ZIP code

CAPE CORAL, FL 33904

5b City, state, and ZIP code

6 County and state where principal business is located

LEE; FLORIDA

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

PAUL L. LARROW, CORPORATE SECRETARY 281-42-6060

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

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

☐ Sole Proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify)

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

REAL PROPERTY

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

State

FLORIDA

Foreign country

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

☒ Started new business (specify type)

REAL PROPERTY INSPECTION SERVICE

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Other (specify)

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

4/1/2001

11 Closing month of accounting year (see instructions)

DECEMBER 31

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

6/30/2001

13 Enter 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-

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions.)

REAL PROPERTY INSPECTION SERVICE

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used

☐ Yes

☒ No

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

☒ Public (retail)

☐ Other (specify)

☐ Business (wholesale)

☐ N/A

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

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

☐ Yes

☒ No

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

Legal name

Trade name

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

Approximate date when filed (mo. day, year)

City and state where filed

Previous EIN

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)

941-542-2558

Fax telephone number (include area code)

941-542-2320

Name and title (Please type or print clearly.)

PAUL L. LARROW, CORPORATE SECRETARY

Signature

Date

5/11/2001

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

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying