

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093543

1. Entity Name

Assured Building Inspections, Inc.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 001 ***150.00

Principal Place of Business

8122 Glades Road, PMB 288

Mailing Address

Boca Raton, FL 33434

2. Principal Place of Business

8122 Glades Road, PMB 288

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

4. FEI Number

52-2216888

Applied For

Not Applicable

Zip

33434

Country

Zip

Country

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

Name

David Torchin, C.P.A., P.A.

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

8211 West Broward Blvd.

Suite 200

City

Plantation

FL

Zip Code

33324

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.

David Torchin, C.P.A., P.A.

(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 P/D ☐ Delete
NAME John Ascano
STREET ADDRESS 22378 Martella Avenue
CITY-ST-ZIP Boca Raton, FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

John Ascano

John Ascano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00

Date

(561) 451-2893

Daytime Phone #

CR20034 (9/00)