

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 035 ***150.00

DOCUMENT #

P99000093543

1. Entity Name

Assured Building Inspections, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8122 Glades Road

3. Mailing Address

8122 Glades Road

Suite, Apt. #, etc.

PMB 288

Suite, Apt. #, etc.

PMB 288

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

52-2216888

Applied For

Not Applicable

Zip

33434

Country

Zip

33434

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ada R. Ascano

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

22378 Martella Avenue

City

Boca Raton

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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

Ada R. Ascano

Ada R Ascano

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President/Director John R Ascano 22378 Martella Avenue Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Ada L Insua-Ascano 22378 Martella Avenue Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John R Ascano
John R Ascano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 451-2893

CR2E034B (12/01)