

2000 UNIFORM BUSINESS REPORT (UBR)

S/E

DOCUMENT # P99000096586

1. Entity Name

JOSE COLON HOME INSPECTION SERVICES, INC.

R

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90094 001 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 19684
SARASOTA FL 34276-2884

P.O. BOX 19684
SARASOTA FL 34276-2884

2. Principal Place of Business

3. Mailing Address

4673 COUNTRY MANOR
Suite, Apt. #, etc.

P.O. BOX 19884
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

SARASOTA FL

4. FEI Number

65-0986425

Applied For

Not Applicable

Zip 34233

Country U.S.

Zip 34276

Country U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, JOSE
4673 COUNTRY MANOR DR.
SARASOTA FL 34232

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, 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

TITLE D
NAME COLON, JOSE
STREET ADDRESS 4673 COUNTRY MANOR DR.
CITY-ST-ZIP SARASOTA FL 34232

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 #

CR2/F134 (0001)