

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000108807**

1. Entity Name

PRIME INSPECTIONS, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 July 2 AM 11:53

Principal Place of Business

4406 LOMA VISTA DRIVE
VALRICO FL 33594

Mailing Address

4406 LOMA VISTA DRIVE
VALRICO FL 33594

635000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 2566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Valrico, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip
33595

Country

USA

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

KALIL, MARCELO
4406 LOMA VISTA DRIVE
VALRICO FL 33594

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 State10. 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	D	TITLE	
NAME	JAMSKY, JOSEPH	NAME	
STREET ADDRESS	4406 LOMA VISTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit
TITLE	D	TITLE	
NAME	KALIL, MARCELO	NAME	
STREET ADDRESS	4406 LOMA VISTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addit

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 stated 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 of this report, or on an attachment to this report, with all other like empowered persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date Phone #

4-4-00 (813) 689-4741