Page 1 of 2

[redacted]

06-20-2001 90006 016 ***150.00
S11543

FILED
01 JUL 25 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA [redacted]

76176

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11543

1. Entity Name
AMERICAN HOME INSPECTORS OF N. FLA, INC.

Principal Place of Business — Mailing Address
194 JEFFERSON AVE. EAST.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORANGE PARK, FL		City & State	
Zip: 32065	Country: USA	Zip	Country

4. FEI Number: 59-3029198 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VANCE, CONRAD B.
194 JEFFERSON AVE E
ORANGE PARK, FL 32065

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 ________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CONRAD B. VANCE		NAME		
STREET ADDRESS	194 JEFFERSON AVE E		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LINDA M. VANCE		NAME		
STREET ADDRESS	194 JEFFERSON AVE E		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS	TS	
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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] — 6-15-1 — 904-272-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #