## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver or trustee empowered to execute this report as required by Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## **FILED** Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # V03585** CERTIFIED INSPECTIONS AFFILIATES, INC. 03-13-2001 90009 023 \*\*\*150.00 Principal Place of Business Mailing Address 1610 N.W. 3RD ST 1610 N.W. 3RD STREET DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0305207 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, JOSEPH A., III Street Address (P.O. Box Number is Not Acceptable) 1610 NW 3RD ST **DEERFIELD BCH FL 33442** Zip Code 8. The above named entity submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if app Registered Agent signature required when reinstating: FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE TITLE Change ☐ Addition COLLINS, JOSEPH A., III NAME NAME STREET ADDRESS 1610 NW 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same , Florida Statutes. I further certify that the information

iter 607, Flor

and that my name appears in Block 11 or Block 12 if

Daytime Phone #