2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # V48908** Apr 18, 2000 8:00 am Secretary of State SUNCOAST REAL ESTATE INSPECTIONS, INC. 04-18-2000 90194 002 ***150.00 Principal Place of Business Mailing Address 522 SCOTLAND ST 522 SCOTLAND ST DUNEDIN FL 34698 **DUNEDIN FL 34698-7019** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3180294 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, CHRISTOPHER L Street Address (P.O. Box Number is Not Acceptable) **522 SCOTLAND ST DUNEDIN FL 34698** Zip Code City FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change Addition TITLE Delete MILLER, CHRISTOPHER L NAME -STREET ADDRESS 522 SCOTLAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 119.07(3)(i), Florida Statutes. I further certify that the information coming accounts (quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information experience and that my signature shall have the same legal effect as if made under oath; that I am an officer or director eating execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if any other like empowered. indicated on this report or supplemental report is true and of the corporation or the recover or prosess emposite entry

3-26-00

Daytime Phone #