

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0086511

DOCUMENT # P96000050267

Entity Name

ACCU SPEC HOME INSPECTION INC.

05-01-2001 90056 003 ***150.00

Principal Place of Business: 1986 ANGLERS COVE, VERO BEACH FL 32963
 Mailing Address: 1986 ANGLERS COVE, VERO BEACH FL 32963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number NOT APPLICABLE Applied For Not Applicable

Zip Country Zip Country

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

GENTILE, LAWRENCE F
 1986 ANGLERS COVE
 VERO BEACH FL 32963

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 the filing date) (NOTE: Registered Agent signature required when re-registering) 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, 2001 Fee will be \$850.00
 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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P <input type="checkbox"/> Delete NAME: GENTILE, LAWRENCE F STREET ADDRESS: 1986 ANGLERS COVE CITY-STATE-ZIP: VERO BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPST <input type="checkbox"/> Delete NAME: GENTILE, MARY T STREET ADDRESS: 1986 ANGLERS COVE CITY-STATE-ZIP: VERO BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 to this address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

CR2E034 (10/00)