2003 FOR PROFIT CORPORATION

P02000040285

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

LANDS CARR RESIDENTIAL APPRAISAL SERVICES, INC.



Principal Place of Business Mailing Address 4530 N. LAKEWOOD DRIVE 4530 N. LAKEWOOD DRIVE **90011586** PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For D4-3647010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARR. CHARLES L Street Address (P.O. Box Number is Not Acceptable) 4530 N. LAKEWOOD DRIVE PANAMA CITY FL 32404 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME CARR, CHARLES L NAME STREET ADDRESS 4530 N. LAKEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachme

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

FILED

Jan 27, 2003 8:00 am

Secretary of State

01-27-2003 90520 016 ***150.00

Change

☐ Change

☐ Addition

☐ Addition