

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90006 022 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03060038114					
1. Entity Name UNITED APPRAISALS, INC.					
Principal Place of Business 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 US			Mailing Address 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>06-1688460</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>-\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHUCHMAN, ROBERT L 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
B. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUCHMAN, BOBBIE J		NAME		
STREET ADDRESS	4731 SPRING SIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUCHMAN, ROBERT L		NAME		
STREET ADDRESS	4731 SPRING SIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: <i>Robert L Schuchman</i>			8/12/04 727-858-3349		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66432785



08112004 Chg-P CR2E034 (10/03)