

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90021 025 ***150.00

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DOCUMENT # **P93000046192**

1. Entity Name

STRICKLEN APPRAISAL SERVICES, P.A.

Principal Place of Business

Mailing Address

**36 WEST DICIE DR
 EUSTIS FL 32726
 US**

**36 W DICIE DR
 EUSTIS FL 32726
 US**

2. Principal Place of Business

871 S. Central Ave

3. Mailing Address

871 S. Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Umatilla, FL

City & State

Umatilla FL

4. FEI Number

59-3193626

Applied For

Not Applicable

Zip

32784

Country

US

Zip

32784

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLEN, ALBERT L
 36 WEST DICIE DR
 EUSTIS FL 32726**

Name

Street Address (P.O. Box Number is Not Acceptable)

871 S. Central Ave

City

Umatilla

FL

Zip Code

32784

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)

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, 2002 Fee will be \$550.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRICKLEN, ALBERT L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKISTON, EDWARD Y 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKISTON, ERIKA L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRICKLEN, LAUREN L 36 W DICIE DR EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
871 S. Central Ave Umatilla FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
871 S. Central Ave Umatilla FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ERIKA McHale 871 S. Central Ave Umatilla FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
871 S. Central Ave Umatilla FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 registered agent or authorized representative of the corporation or the registered agent, as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with authority, as empowered.

SIGNATURE:

Albert L. Stricklen, President
Albert L. Stricklen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

352-589-5124
 Daytime Phone #

CFR2E094 (9/01)