

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90464 012 ***150.00

DOCUMENT # P94000065266

1. Entity Name
TOWNSEND APPRAISALS, INC.

Principal Place of Business 1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102	Mailing Address 1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102
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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 **65-0515135** 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
**TOWNSEND, ROBERT N
 1020 8TH AVENUE SOUTH
 SUITE 11
 NAPLES FL 33940**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its re
 SIGNATURE *Robert N Townsend*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: R

Note: Change to: Robert N Townsend

the State of Florida.
3-10-01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! After MAY 1, 2001 Make Check Payable

Campaign Financing and Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TOWNSEND, ROBERT B 1020 8TH AVENUE SOUTH SUITE 11 NAPLES FL 34102		TOWNSEND Robert N. 1020 8th Avenue South Suite 11 Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V TOWNSEND, BARBARA J. 1020 8TH AVE SOUTH, SUITE 11 NAPLES FL 34102			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		V LOGAN CHARLES L. 1020 8th Avenue South Suite 11 Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TOWNSEND Robert N. 1020 8th Avenue South Suite 11 Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V LOGAN CHARLES L. 1020 8th Avenue South Suite 11 Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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 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 with an address, with all other like empowered.

SIGNATURE: *Robert N Townsend* 3-10-01 (941)435-1008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)