

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90309 003 \*\*\*150.00

**DOCUMENT # P96000000840**

1. Entity Name  
**MANCUSO APPRAISAL SERVICES, INC.**

Principal Place of Business <b>429 1ST ST S          WINTER HAVEN FL 33880</b>	Mailing Address <b>429 1ST ST S          WINTER HAVEN FL 33880</b>
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2. Principal Place of Business <b>65 Third Street, N.W.</b>	3. Mailing Address <b>65 Third Street, N.W.</b>
Suite, Apt #, etc. <b>Suite 200</b>	Suite, Apt #, etc. <b>Suite 200</b>
City & State <b>Winter Haven, Florida</b>	City & State <b>Winter Haven, Florida</b>

Zip <b>33881</b>	Country <b>USA</b>	Zip <b>33881</b>	Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3356030</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MANCUSO, NICHOLAS**  
**429 1ST ST S**  
**WINTER HAVEN FL 33880**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**65 Third Street, N.W.**  
**Suite 200**  
 City  
**Winter Haven, Florida** **FL** Zip Code  
**33881**

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 *Nicholas S. Mancuso* DATE **3/8/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>MANCUSO, NICHOLAS</b> <b>429 1ST ST S</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>MANCUSO, STACY</b> <b>429 1ST ST S</b> <b>WINTER HAVEN FL 33880</b> <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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>65 Third Street, N.W. Suite 200</b> <b>Winter Haven, FL 33881</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>65 Third Street, N.W. Suite 200</b> <b>Winter Haven, FL 33881</b>
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
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 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: *Nicholas S. Mancuso* DATE: **3/8/01** DAYTIME PHONE #: **(863) 294-2331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR1

CR2E034 (10/00)