

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90057 015 \*\*\*150.00

**DOCUMENT # P96000000840**

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

Principal Place of Business

**65 THIRD STREET NW  
 STE 200  
 WINTER HAVEN FL 33881**

Mailing Address

**65 THIRD STREET NW  
 STE 200  
 WINTER HAVEN FL 33881**

2. Principal Place of Business

**595 Cypress Gardens Blvd.**

Suite, Apt. #, etc.  
**Ste 210**

City & State  
**Winter HAVEN FL**

Zip  
**33880**

Country  
**Poik**

3. Mailing Address

**595 Cypress Gardens Blvd.**

Suite, Apt. #, etc.  
**Ste 210**

City & State  
**Winter HAVEN FL**

Zip  
**33880**

Country  
**Poik**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3356030**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MANCUSO, NICHOLAS  
 65 THIRD STREET NW  
 STE 200  
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**595 Cypress Gardens Blvd.  
 Ste 210**  
 City **Winter HAVEN** FL Zip Code **33880**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT MANCUSO, NICHOLAS 65 THIRD STREET NW STE 200 WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS MANCUSO, STACY 65 THIRD STREET NW STE 200 WINTER HAVEN FL 33881</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 type="checkbox"/> Change <input type="checkbox"/> Addition
<b>595 Cypress Gardens Blvd. ste 210 Winter HAVEN FL 33880</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>595 Cypress Gardens Blvd. ste. 210 Winter HAVEN FL 33880</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

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 Mancuso **Nicholas Mancuso 1-9-02 863-294-2331**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)