

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90051 037 ***150.00

DOCUMENT # **P96000000840**

1. Entity Name
MANCUSO APPRAISAL SERVICES, INC.



Principal Place of Business
**595 CYPRESS GARDENS BLVD
STE 210
WINTER HAVEN FL 33880**

Mailing Address
**595 CYPRESS GARDENS BLVD
STE 210
WINTER HAVEN FL 33880**

22005063



2. Principal Place of Business
595 Cypress Gardens Blvd

Suite, Apt. #, etc.
Suite 320

City & State
Winter HAVEN FL

Zip
33880

Country
US

3. Mailing Address
595 Cypress Gardens Blvd

Suite, Apt. #, etc.
Suite 320

City & State
Winter HAVEN FL

Zip
33880

Country
US

CHECK HERE IF MAKING CHANGES

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
595 CYPRESS GARDENS BLVD
STE 210
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**595 Cypress Gardens Blvd
Ste 320**
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MANCUSO, NICHOLAS	
STREET ADDRESS	595 CYPRESS GARDENS BLVD STE 210	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MANCUSO, STACY	
STREET ADDRESS	595 CYPRESS GARDENS BLVD STE 210	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	595 Cypress Gardens Blvd Ste 320	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	595 Cypress Gardens Blvd Ste 320	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Nicholas Mancuso* **REQUIRE** Nicholas Mancuso 2-5-03 863-294-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)