

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 002 ***150.00

DOCUMENT # **P98 000034554**
1. Entity Name
BEN MOODY APPRAISALS, INC.

DO NOT WRITE IN THIS SPACE

B0051400

2. Principal Place of Business
116 Motes Rd.
Suite, Apt. #, etc.

3. Mailing Address
116 Motes Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palatka FL.

City & State
Palatka FL.

Zip
32177 Country
USA

Zip
32177 Country
USA

4. FPI Number
59-3506649

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ben Moody

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

116 Motes Rd.

City
Palatka FL Zip Code
32177

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 _____ (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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D MOODY, BEN 116 MOTES RD PALATKA, FL. 32177
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2002 **386-437-6999**
Date Daytime Phone #

CR2E034B (12/01)