

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90128 001 \*\*\*150.00

**DOCUMENT # F14381**

1. Entity Name

**APPRAISAL SERVICES REX A. RUSAW, INC.**

Principal Place of Business

Mailing Address

2354 S BASCOMBE AVE  
 HOMOSASSA FL 34448

P.O. BOX 66  
 LECANTO FL 34460-0066

2. Principal Place of Business

3. Mailing Address

7655 W. Gulf to Lake Hwy

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 10

City & State

City & State

Crystal River, FL

Zip

Country

Zip

Country

34429

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSAW, TERESA A  
 2354 S BASCOMBE AVE  
 HOMOSASSA FL 34448

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 registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS RUSAW, REX A.  
 CITY-ST-ZIP 2354 S BASCOMBE AVE  
 HOMOSASSA FL 34448

TITLE ☒ Change ☐ Addition  
 NAME Pres.  
 STREET ADDRESS Rusaw, Rex A.  
 CITY-ST-ZIP 7655 W. Gulf to Lake Hwy # 10  
 Crystal River, FL. 34429

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS RUSAW, TERESA A.  
 CITY-ST-ZIP 2354 S BASCOMBE AVE  
 HOMOSASSA FL 34448

TITLE ☒ Change ☐ Addition  
 NAME ST owner  
 STREET ADDRESS Rusaw, Teresa A.  
 CITY-ST-ZIP 7655 W. Gulf to Lake Hwy. # 10  
 Crystal River, FL. 34429

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa A. Rusaw 4-24-00 628-4322

CR2E034 (9/99)