

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003446

1. Entity Name

NATIONWIDE APPRAISAL SERVICES CORPORATION

FILED

00 MAR -8 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 13650
PITTSBURG PA 15243

PO BOX 13650
PITTSBURG PA 15243-0650

2. Principal Place of Business

3. Mailing Address

Southpointe Plaza II

Southpointe Plaza II

Suite, Apt. #, etc.

Suite, Apt. #, etc.

380 Southpointe Blvd.

380 Southpointe Blvd.

City & State

City & State

Canonsburg, PA 15317

Canonsburg, PA 15317

Zip

Country

Zip

Country

15317

USA

15317

USA

4. FEI Number

25-1724847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARROW, RICKY
330 BLUEFISH #119
FT WALTON BEACH FL 32548

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
OLIVER, I. HALE
604 HARROGATE ROAD
PITTSBURGH PA 15241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100003170391--0
-03/15/00--01010--023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MC CONVILLE, CHARLES J
312 DOUBLETREE DRIVE
VENETIA PA 15367 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
***150.00 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
OLIVER, JUDY
604 HARROGATE ROAD
PITTSBURGH PA 15241 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Charles J. McConville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/00 800-920-0050

Date

Daytime Phone #

Charles J. McConville