

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G27978

1. Entity Name

AMERICAN EAGLE APPRAISERS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90066 001 ***150.00

Principal Place of Business

Mailing Address

2450 TAMiami TR
~~SUITE D~~
PORT CHARLOTTE FL 33952
US

169 CARLISLE AVE NW
PORT CHARLOTTE FL 33952-9051
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same
Suite H

PO BOX 3240

City & State

City & State

Same

Port Charlotte, FL

Zip

Zip

Same

33949

Country

Country

Charlotte

Charlotte

4. FEI Number

59-2257543

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

KOLE, ROBERT-A
169 CARLISLE AVE. N.W.
PORT CHARLOTTE FL 33952

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 PT
NAME KOLE, ROBERT A
STREET ADDRESS 169 CARLISLE AVE. N.W.
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE VS
NAME KOLE, KEBE
STREET ADDRESS 169 CHARLISLE AVE. N.W.
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

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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:

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

1-16-00 941-625-1422

Date

Daytime Phone #