## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## J01368 **DOCUMENT#**

1. Entity Name

D & R APPRAISALES, INC.

Principal Place of Business  *****************  ***************		Mailing Address PO BOX 6887 SEFFNER FL 33584 US					
2. Principal Place of Business		3. Mailing Address		-	AL BLOCK BOOKE D	14th 1911 (1941	
4310 Church Pond P1							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			X) CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number EQ QCAQAEQ Applied For			
Dover - F1 33527				<u>.</u>	4. FEI Number 59-2642453		ot Applicable
Zip	Country	Zip	Country			8.75 Add	
	6. Name and Address of Curre	nt Registered Agent	. [		7. Name and Address of New Registered A	•	
	· · · · · · · · · · · · · · · · · · ·		Name				
	P. FISCHER EXAMINATION		Street Address 4310 Ch		(P.O. Box Number is Not Acceptable)		
SEFFENGE							
AEVIVAN	NAMERIKA		Cjjyov	er		Zip Cod	£27
8. The above	e named entity submits this statement	for the parpose of changing its r			red agent, or both, in the State of Florida. I am fa		
the obliga	itions of registered agent.	de Q	-9				and doop,
SIGNATURE	1 Contact	Tuhle			April 7,	2003	
*		President (NOTE:	Registered Agent signs	ature required	d when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	¢E n	Ο ν ο-
	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department				Trust Fund Contribution.		May Be I to Fees
10.		D DIRECTORS	11.		ADDITIONS OF TAXABLE AND	DIDECTOR	0.0144
TITLE '	DP OFFICERS AN	Delete	TITLE	1	ADDITIONS/CHANGES TO OFFICERS AND	Change	☐ Addition
NAME	FISCHER, DONALD P.	_ Boloto	NAME	İ.		T Onlingo	
STREET ADDRESS			STREET ADDRESS	4	O Church Pond P1		
CITY-ST-ZIP'	SEPENERXEX X3554X	<del></del>	CITY-ST-ZIP	Dov	er, F1 33517		
TITLE NAME 8	VP BARRADA	☐ Delete	TITLE			K Change	Addition
	FISCHER, BARBÁRA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		NAME STREET ADDRESS	//31	O Church Pond Pl		
CITY-ST-ZIP	SEFENERALXX	· · - · · ·	CITY-ST-ZIP	1	er, F1 33517		· . [.
TITLE		☐ Delete	TITLE			☐ Change	Addition
.NAME			NAME				
STREET ADDRESS	;		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	ļ			_
TITLE NAME		☐ Delete	TITLE NAMÉ			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME			-	
STREET ADDRESS CITY-ST-ZIP		:	STREET ADDRESS				
		,	CITY-ST-ZIP	ļ			
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP			CITY_ST_7!P				

12. I hereby certify that the information supplied with this filling 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** 

4/7/03

(813)719-1148

**FILED** 

04-16-2003 90285 023 \*\*\*150.00

Apr 16, 2003 8:00 am Secretary of State

Daytime Phone #