

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90013 038 ***150.00

DOCUMENT # J12139

1. Entity Name
NATIONAL VALUATION SERVICES OF FLORIDA, INC.



Principal Place of Business
1900 NW CORPORATE BLVD
STE 400E
BOCA RATON, FL 33431 US

Mailing Address
1900 NW CORPORATE BLVD
STE 400E
BOCA RATON, FL 33431 US

50001813



2. Principal Place of Business
7385 EXECUTIVE CTR. DR.
Suite, Apt. #, etc.
SUITE 100
City & State
BOCA RATON, FL
Zip
33431 Country
US

3. Mailing Address
7385 EXECUTIVE CTR. DR.
Suite, Apt. #, etc.
SUITE 100
City & State
BOCA RATON, FL
Zip
33431 Country
US

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2705228

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HILLER, SIDNEY P.
1900 NW CORPORATE BLVD
STE 400E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
HILLER, SIDNEY P.
Street Address (P.O. Box Number is Not Acceptable)
7385 EXECUTIVE CTR. DR.
SUITE 100
City
BOCA RATON FL Zip Code
33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sidney P. Hiller** (SIDNEY P. HILLER) **3/8/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) / DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HILLER, SIDNEY P. 1900 NW CORPORATE BLVD STE 400E BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCRIVENS, R. H., JR. 1900 NW CORPORATE BLVD STE 400E BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HILLER, SIDNEY P. 7385 EXECUTIVE CTR. DR., STE 100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCRIVENS, R. H., JR. 7385 EXECUTIVE CTR. DR., STE 100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Sidney P. Hiller** (SIDNEY P. HILLER) **PRESIDENT** **3/8/06** **561-376-8911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #