

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50928

1. Entity Name

CENTRAL FLORIDA APPRAISAL SERVICE, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90724 019 ***150.00

0087267 AV

Principal Place of Business 140 N ORLANDO AVENUE SUITE 200 WINTER PARK FL 32789	Mailing Address 140 N ORLANDO AVENUE SUITE 290 WINTER PARK FL 32789 US
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2. Principal Place of Business 1850 Hollywood Ave.	3. Mailing Address 1850 Hollywood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Winter Park FL.	City & State Winter Park FL.	4. FEI Number 59-2754554	Applied For Not Applicable
Zip 32789	Country Orange	Zip 32789	Country Orange
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALDWIN, JOHN H. 140 N. ORLANDO AVE SUITE 290 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Baldwin, John H. Street Address (P.O. Box Number is Not Acceptable) 1850 Hollywood Avenue City Winter Park FL Zip Code 32789
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDWIN, JOHN H. 704 VIA BELLA WINTER PARK FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 407-740-7113
Date Daytime Phone #

CR2E034 (9/01)