

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90141 007 \*\*\*158.75

**DOCUMENT # K11015**

1. Entity Name

**APPRAISALS BY JAMES M. JOSEPH, INCORPORATED**

Principal Place of Business

Mailing Address

POST ST  
JACKSONVILLE FL 32204

2647 POST ST  
JACKSONVILLE FL 32204-4230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2868740**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**JOSEPH, JAMES M.**  
**2647 POST STREET**  
**JACKSONVILLE FL 32204**

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, JAMES M.	
STREET ADDRESS	2647 POST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, CLARA M.	
STREET ADDRESS	2647 POST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. JOSEPH	
STREET ADDRESS	2647 POST STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32204-4230	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY J. CHALHUB	
STREET ADDRESS	2647 POST STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32204-4230	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA C. J. PERRY	
STREET ADDRESS	2647 POST STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32204-4230	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER J. ZICHI	
STREET ADDRESS	2647 POST STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32204-4230	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF JAMES M. JOSEPH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JAMES M. JOSEPH 4/12/00 904/3892721*

CR2E034 (9/99)