

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90068 020 \*\*\*150.00

**DOCUMENT # K11015**

1. Entity Name

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

Principal Place of Business

**2647 POST ST  
JACKSONVILLE FL 32204**

Mailing Address

**2647 POST ST  
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2868740**

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

**JOSEPH, JAMES M.**

**2647 POST STREET**

**JACKSONVILLE FL 32204**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JOSEPH, JAMES M  
2647 POST ST  
JACKSONVILLE FL 32204-4230** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CHALHUB, JUDY J  
2647 POST ST  
JACKSONVILLE FL 32204-4230** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PERRY, CYNTHIA C  
2647 POST STREET  
JACKSONVILLE FL 32204-4230** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ZICHI, JENNIFER J  
2647 POST STREET  
JACKSONVILLE FL 32204-4230** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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:

**James M. Joseph**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**September 20, 2002**  
Date

**904-3892121**  
Daytime Phone #

CR2E034 (4/02)



**JAMES M. JOSEPH**  
CERTIFIED APPRAISER

2647 Post Street  
Jacksonville, Florida 32204

*Attachment*  
*# K11015*  
*873081*

Phone: 904-389-2721

September 20, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Report  
Appraisals By James M. Joseph, Inc.  
FEI No. 59-2868740

Dear Sirs:

This letter is to advise you that we did not receive the Annual Report for 2002, prior to this notice.

Enclosed please find the Annual Report, and my check, No. 4810, dated September 20, 2002, in the amount of \$150.00, for the filing fee.

If you have any questions, please do not hesitate to contact me at my office (904) 389-2721.

Thank you for your cooperation.

Sincerely,

James M. Joseph  
Certified Appraiser

JMJ:jjz

Enclosures