

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90051 046 ***150.00

DOCUMENT # K62692

1. Entity Name
HEIRLOOM APPRAISALS, INC.

Principal Place of Business
J. ELLEN THOMPSON
3940 SCHOONER POINTE DRIVE 111
JUPITER FL 33477-2389

Mailing Address
J. ELLEN THOMPSON
3940 SCHOONER POINTE DRIVE 111
JUPITER FL 33477-2389

80098300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 N.E. 114 St
 Suite, Apt. #, etc.
APT - 1809

3. Mailing Address
1800 N.E. 114 St.
 Suite, Apt. #, etc.
APT - 1809

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33181

Country
USA

Zip
33181

Country
USA

4. FEI Number **65-0114145** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
THOMPSON, J. ELLEN
3940 SCHROONER POINTE DRIVE
UNIT 111
JUPITER FL 33477-2329

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1800 N.E. 114 St.
APT - 1809
 City **MIAMI** FL Zip Code **33181**

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) ☐

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, J. ELLEN 3940 SCHOONER POINTE DR #111 JUPITER FL 33477-2339 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 N.E. 114 St APT - 1809 MIAMI FLORIDA 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE: *Jane Ellen Thompson* 4-25-2002 305-893-1599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)