

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90039 030 ****50.00

DOCUMENT # L00000014415

1. Entity Name

APPRAISAL SPECIALISTS OF CENTRAL FLORIDA, L.L.C.

Principal Place of Business

**818 WEST MABBETTE ST.
 KISSIMMEE FL 34741**

Mailing Address

**818 WEST MABBETTE ST.
 KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCCUISTON, CHERYL
 818 W MABBETTE STREET
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name

Nicholas A. Whitston

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

818 W. Mabbette Street

City

Kissimmee

FL

Zip Code
34741

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

Nicholas A. Whitston

4/19/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **MCCUISTON, CHERYL**
 STREET ADDRESS **818 W. MABBETTE STREET**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☒ Change ☐ Addition
 NAME **Nicholas A. Whitston**
 STREET ADDRESS **818 W. Mabbette Street**
 CITY-ST-ZIP **Kissimmee, FL 34741**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Nicholas A. Whitston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/19/2002 **407-847-9022**

Date

Daytime Phone #

CR2E083 (9/01)