

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90008 021 ***150.00

DOCUMENT # L35406

1. Entity Name

CERTIFIED APPRAISERS, INC.

Principal Place of Business

Mailing Address

3000 GULF TO BAY BLVD.
 SUITE 500
 CLEARWATER FL 34619

931 SPANISH OAKS BLVD
 PALM HARBOR FL 34683-6634
 US

8-4-1-4-6-3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3000 GULF TO BAY
 CLEARWATER FL

3. Mailing Address
 931 SPANISH OAKS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500

City & State
 CLEARWATER, FL

City & State
 PALM HARBOR, FL

4. FEI Number 59-2982300

Applied For
 Not Applicable

Zip 33759

Country USA

Zip 34683

Country USA

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

HORMES, RONALD C.
 931 SPANISH OAKS BLVD.
 PALM HARBOR FL 34683

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.

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	STD	<input type="checkbox"/> Delete
NAME	HORMES, CHERYL L	
STREET ADDRESS	931 SPANISH OAKS BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HORMES, RONALD C	
STREET ADDRESS	931 SPANISH OAKS BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ronald C. Hormes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00