

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90197 031 \*\*\*550.00

**DOCUMENT # L62163**

**1. Entity Name**  
**MIS APPRAISAL SERVICES OF FLORIDA, INC.**

**Principal Place of Business**

% JOSEPH C. GILSON  
 8910 MIRAMAR PKWY. STE 205  
 MIRAMAR FL 33025

**Mailing Address**

% JOSEPH C. GILSON  
 8910 MIRAMAR PKWY. STE 205  
 MIRAMAR FL 33025

80128519



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

8910 Miramar Parkway  
 Suite, Apt. #, etc.  
 308

**3. Mailing Address**

8910 Miramar Parkway  
 Suite, Apt. #, etc.  
 308

**City & State**  
 Miramar, FL

**City & State**  
 Miramar, FL

**4. FEI Number** 65-0249420

Applied For  
 Not Applicable

**Zip**  
 33025

**Country**  
 USA

**Zip**  
 33025

**Country**  
 USA

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

**6. Name and Address of Current Registered Agent**

GILSON, JOSEPH C.  
 8910 MIRAMAR PKWY  
 SUITE 205  
 MIRAMAR FL 33025

**7. Name and Address of New Registered Agent**

Name Gilson, Joseph C.  
 Street Address (P.O. Box Number is Not Acceptable)  
 8910 Miramar Parkway, Suite 308  
 City Miramar FL Zip Code 33025

**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**

*Joseph C. Gilson*

*7/25/02*

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, 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	DS KAUFMAN, STEVEN 1404 E. 9TH ST., STE 300 CLEVELAND OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HIGNETT, KENNETH L 29228 REGENCY CIRCLE WESTLAKE OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILSON, JOSEPH C. 8910 MIRAMAR PKWY #205 MIRAMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEIN-SEPIR, LEONARD 4877 GALAXY PKWY. STE. I WARRENSVILLE OH 44128	<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	DS Kaufman, Steven 1500 Republic Bldg., 25 Prospect Ave. W. Cleveland - OH - 44115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Hignett, Kenneth L 29228 Regency Circle Westlake - OH - 44145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gilson, Joseph C. 8910 Miramar Pkwy., Suite 308 Miramar - FL - 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Joseph C. Gilson, Esq.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)