

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90050 004 ***150.00

0005029 AV

DOCUMENT # **L89950**

1. Entity Name
DALY APPRAISAL FIRM, INC.

*ONLY # IS
CHANGED*



Principal Place of Business
**562 E. WOOLBRIGHT #121
BOYNTON BEACH FL 33435**

Mailing Address
**562 E. WOOLBRIGHT #121
BOYNTON BEACH FL 33435**

2. Principal Place of Business
562 E. WOOLBRIGHT #121

3. Mailing Address
562 E. WOOLBRIGHT #121



☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number **65-0208002**

Applied For
Not Applicable

Zip **33435** Country **U.S.A.**

Zip **33435** Country

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

DALY, DIANE M
1015 G. FEDERAL HIGHWAY
SUITE 5
BOYNTON BEACH FL 33435-6991

Name **DALY, DIANE M.**
Street Address (P.O. Box Number is Not Acceptable)
562 E. WOOLBRIGHT ROAD
City **BOYNTON BEACH FL** Zip Code **33435**

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 *Diane M. Daly*

DATE **7/14/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, DIANE M 5700 OLD OCEAN BLVD E OCEAN RIDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	562 E. WOOLBRIGHT #121 BOYNTON BEACH FL 33435	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane M. Daly*

561-369-8880

Daytime Phone #

CR2E034 (4/03)