

2001 UNIFORM BUSINESS REPORT (UBR)

0004828 AF

DOCUMENT # L99000007225

1. Entity Name
REALVEST APPRAISAL SERVICES OF JACKSONVILLE, LLC

FILED

00 FEB -1 PM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751

Mailing Address

2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751

2. Principal Place of Business

9309 Old Kings Road

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville FL

Zip

32257

Country

USA

3. Mailing Address

9309 Old Kings Road

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville FL

Zip

32257

Country

USA

4. FEI Number

59-3606824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, BRAD

9309 OLD KINGS ROAD SOUTH, SUITE 5

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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

1/23/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700003674987-0

-02/12/01-01140-006

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REALVEST APPRAISAL SERVICES, INC.
2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

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

1/23/01

Date

904-448-0024

Daytime Phone #

CR2E083 (11/00)