

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90064 024 \*\*\*\*50.00

DOCUMENT # L99000007225

1. Entity Name

REALVEST APPRAISAL SERVICES OF JACKSONVILLE, LLC



Principal Place of Business

9309 OLD KINGS ROAD  
STE 5  
JACKSONVILLE FL 32257

Mailing Address

9309 OLD KINGS ROAD  
STE 5  
JACKSONVILLE FL 32257

2. Principal Place of Business

3030 Hartley Road

Suite, Apt. #, etc.

Suite 380

City & State

Jacksonville FL

Zip

32257

Country

3. Mailing Address

3030 Hartley Road

Suite, Apt. #, etc.

Suite 380

City & State

Jacksonville FL

Zip

32257

Country



☒ CHECK HERE IF MAKING CHANGES

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)

3030 Hartley Road

Suite 380

City

Jacksonville

FL

Zip Code

32257

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

7/10/03

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*[Signature]*  
**SIGNATURE REQUIRED**

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

7/10/03

DATE

904-448-0024

Daytime Phone #

CR2E083 (4/03)

0007579