

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90114 043 ***150.00

DOCUMENT # L99990

1. Entity Name
FROST APPRAISAL & MARKET CONSULTANTS, INC.



Principal Place of Business
**901 CHESTNUT STREET
SUITE E
CLEARWATER FL 33756
US**

Mailing Address
**901 CHESTNUT STREET
SUITE E
CLEARWATER FL 33756
US**



2. Principal Place of Business

26133 U.S. HIGHWAY 19 N.

3. Mailing Address

26133 US HIGHWAY 19 N.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33763

Country

U.S.A

Zip

33763

Country

U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3034575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FROST, L. KENNETH
901 CHESTNUT STREET
SUITE E
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name
FROST, L. KENNETH

Street Address (P.O. Box Number is Not Acceptable)

26133 U.S. HIGHWAY 19 NORTH

SUITE 302

City

CLEARWATER

FL

Zip Code

33763

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.

L. KENNETH FROST, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/7/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FROST, L. KENNETH 2718 ASHWOOD COURT CLEARWATER FL 33761	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

727-797-8997

Daytime Phone #

CR2E034 (10/02)