

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90257 039 ***150.00

DOCUMENT # M45189

1. Entity Name
APPRAISALFIRST, INC.



Principal Place of Business

**8525 NW 53RD TERRACE
#110
MIAMI FL 33166
US**

Mailing Address

**8525 NW 53RD TERRACE
#110
MIAMI FL 33166
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2769553**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMBLE, RICHARD D
8525 NW 53RD TERR
SUITE 110
MIAMI FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **PM** ☐ Delete
NAME **GAMBLE, RICHARD D.**
STREET ADDRESS **2422 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VM** ☐ Delete
NAME **MAYHEW, PAUL**
STREET ADDRESS **8525 NW 53RD TERR STE 110**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VM** ☐ Delete
NAME **HALL, CAROL**
STREET ADDRESS **8525 NW 53RD TERR STE 110**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VSTM** ☐ Delete
NAME **GAMBLE, SARALYN H**
STREET ADDRESS **2422 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Delete
NAME **GAMBLE, ELIZABETH C**
STREET ADDRESS **5981 W ROBIN ST**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RICHARD D. GAMBLE 1/10/03 305-470-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)