

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90129 005 ****61.25

DOCUMENT # N02000000491

1. Entity Name

THE COUNCIL OF EMINENT DOMAIN EXPERTS, INC.



Principal Place of Business

**5600 MARINER ST., STE. 122
TAMPA FL 33609-3417**

Mailing Address

**5600 MARINER ST., STE. 122
TAMPA FL 33609-3417**

2. Principal Place of Business

1530 9th St. N.

3. Mailing Address

1530 9th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33704

Country

USA

Zip

33704

Country

USA

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

6. Name and Address of Current Registered Agent

**CALHOUN, JOHN M
5600 MARINER ST., STE. 122
TAMPA FL 33609-3417**

7. Name and Address of New Registered Agent

Name **REGINALD MESIMER**
Street Address (P.O. Box Numbers Not Acceptable) **1530 9th Street North**
City **St Petersburg** FL Zip Code **33704**

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, JOHN M	
STREET ADDRESS	5600 MARINER ST., STE. 122	
CITY-ST-ZIP	TAMPA FL 33609-3417	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESIMER, REGGIE	
STREET ADDRESS	1530 9TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VAN SCOIK, WILBER G	
STREET ADDRESS	2111 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	Richard Parham	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESIMER, REGGIE	
STREET ADDRESS	1530 9th St N	
CITY-ST-ZIP	St Petersburg FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Parham	
STREET ADDRESS	10014 North Dale Mabry Hwy.	
CITY-ST-ZIP	Suite 201 Tampa, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 REQUIRED

4.29.03 727-894-8589

CR2E037 (10/02)