

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90083 011 ***150.00

DOCUMENT # P00000002882

1. Entity Name
APPRAISAL ONE SERVICES, INC.

Principal Place of Business **Mailing Address**
1700 MEDICAL LANE 1874 Montevista St.
FORT MYERS FL 33907 Ft. Myers Fl. 33901
FORT MYERS FL 33907

429840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1874 Montevista St. **1874 Montevista St.**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Fort Myers Fl. **Fort Myers Fl.**
City & State **City & State**
Zip **Country** **Zip** **Country**
33901 **Lee** **33901** **Lee**

4. FEI Number **65-0917802** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
DAVIS, KIM **Name**
1874 MONTÉ VISTA STREET **Street Address (P.O. Box Number is Not Acceptable)**
FORT MYERS FL 33901 **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 **4-29-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 (See criteria on back) Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSVT	<input type="checkbox"/> Delete	TITLE	Kim Davis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, KIM		NAME	1874 Montevista St.	
STREET ADDRESS	1700 MEDICAL LANE		STREET ADDRESS	Fort Myers Fl. 33901	
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4-29-02**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)