

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90085 036 ***150.00

DOCUMENT # P00000011256

1. Entity Name

RAYMOND APPRAISAL SERVICES, INC.

Principal Place of Business

**3104 CLOVEWOOD PLACE
 SEFFNER FL 33584**

Mailing Address

**3104 CLOVEWOOD PLACE
 SEFFNER FL 33584**

2. Principal Place of Business

720 E. Fletcher Ave

3. Mailing Address

720 E. Fletcher Ave

Suite, Apt. #, etc.

*** 203**

Suite, Apt. #, etc.

*** 203**

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3620531

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

HILLS

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33104**

7. Name and Address of New Registered Agent

Name **KARIN LYNN RAYMOND**

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

5609 CANNONADE DR

City

WESLEY CHAPEL

FL

Zip Code

33544

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

Karin Lynn Raymond

4/29/01

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. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RAYMOND, JOHN D	
STREET ADDRESS	3104 CLOVEWOOD PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	RAYMOND, DERIC S	
STREET ADDRESS	3104 CLOVEWOOD PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, JOHN D	
STREET ADDRESS	3104 CLOVEWOOD PL	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, DERIC S	
STREET ADDRESS	2727 W. FLETCHER AVE #586	
CITY-ST-ZIP	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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 817-977-6955

CR2E034 (10/00)