

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

04-02-2003 90060 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	1. Entity Name
P00000040765	DeLuca Appraisal Services, Inc.



90068310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5452 Los Palos	5452 Los Palos Dr

DO NOT WRITE IN THIS SPACE

City & State	City & State
New Port Richey, FL	New Port Richey, FL
Zip	Zip
34655	34655

4. FEI Number	Applied For
59-3639814	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Susan DeLuca DeLuca Appraisal Services
Street Address (P.O. Box Number is Not Acceptable)
5452 Los Palos Dr
City
New Port Richey, FL
Zip Code
34655

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]
DATE
4/01/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution.
	<input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
President	Susan DeLuca		
STREET ADDRESS	5452 Los Palos Dr	STREET ADDRESS	
CITY - ST - ZIP	New Port Richey, FL 34655	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE:
[Signature]
DATE
4/01/03
DAYTIME PHONE #
727-376-8935

CR2E034B (12/02)