

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078281

1. Entity Name

LUCAS APPRAISAL SERVICES, INC.

Principal Place of Business

6219 INDIAN HILL ROAD
ORLANDO FL 32808

Mailing Address

6219 INDIAN HILL ROAD
ORLANDO FL 32808

2. Principal Place of Business

16501 Pine Timber Ave

3. Mailing Address

P.O. Box 560545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montverde, FL

City & State

Montverde, FL

Zip

34756

Country

Lake

Zip

34756

Country

Lake

4. FEI Number

59-3666274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, PRISCILLA D
6219 INDIAN HILL ROAD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name Lucas Priscilla D.

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

16501 PINE TIMBER AVENUE

City Montverde

FL

Zip 34756

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

Priscilla D Lucas

4/27/01

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 President
NAME Priscilla D. LUCAS
STREET ADDRESS 16501 PINE TIMBER AVENUE
CITY-ST-ZIP MONTVERDE, FL 34756 ☐ Delete

TITLE VICE-PRESIDENT
NAME GARY G. LUCAS
STREET ADDRESS 16501 PINE TIMBER AVENUE
CITY-ST-ZIP MONTVERDE, FL 34756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Priscilla D Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-14-2001 90229 020 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)