

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90228 025 ***150.00

0073009

DOCUMENT # P00000091295

1. Entity Name

JC APPRAISAL CORPORATION

Principal Place of Business

**10757 BROWN TROUT CIR.
ORLANDO FL 32825**

Mailing Address

**10757 BROWN TROUT CIR.
ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

P.O. Box 780065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-3672818

Applied For

Not Applicable

Zip

Country

Zip

Country

32878-00655. 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

**ACEVEDO, WANDA
10757 BROWN TROUT CIR.
ORLANDO FL 32825**

Name

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

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

Wanda Acevedo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ACEVEDO, WANDA 10757 BROWN TROUT CIR. ORLANDO FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Wanda Acevedo***Wanda Acevedo***1/31/01*

Date

(407) 208-9592

Daytime Phone #

CR2E034 (10/00)