

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 015 ***150.00

015718 AV

DOCUMENT # P00000091295

1. Entity Name
JC APPRAISAL CORPORATION



Principal Place of Business
~~102 E COLONIAL DRIVE~~
~~87E 216~~
~~ORLANDO FL 32801~~

Mailing Address
~~10757 BROWN TROUT CR~~
~~ORLANDO FL 32825~~



2. Principal Place of Business
ONE PURLIEU PLACE,

3. Mailing Address
ONE PURLIEU PLACE,

Suite, Apt. #, etc.
SUITE # 160

Suite, Apt. #, etc.
SUITE # 160

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32792-4405

Country

Zip
32792-4405

Country

4. FEI Number **59-3672818**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D. ACEVEDO, WANDA**
STREET ADDRESS **10757 BROWN TROUT CIR.**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE:

Wanda Acevedo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2003
Date

Daytime Phone #

CR2E034 (10/02)