2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

8202 PRAIRIE RIDGE WAY

P00000095013 **DOCUMENT #**

1. Entity Name

Principal Place of Business

8202 PRAIRIE RIDGE WAY

CORNERSTONE APPRAISAL, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90832 020 ***150.00

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Suite, Ap	ot. #, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & St	ate	City	City & State				4. FEI Number 59-3678183 Applied For Not Applied For					
Zip Country			Zip		Cour	Country			ortificate of Status Desired		Not Appl Additional	
	6. Name a	nt Register	Registered Agent				Fee Required 7. Name and Address of New Registered Agent					
BLAUSER, RANDY R						Name						
8202 PRAIRIE RIDGE WAY				Street Addres			ddress (P.O	(P.O. Box Number is Not Acceptable)				
TAMPA FL 33647				-							-	
			City			FL Zip Code						
8. The abov	e named entity s	submits this statemen	t for the purp	ose of changing its	registere	l ed office or	registered :	agen	t, or both, in the State of Florida.		with and as	annt.
 the obliga 	ations of register	A A A	, ,	3 3 .	- 5			agon	, or both, in the chale of Florida.	amamilan	Mill, and ac	сері
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``	Signature Hyped or	printed name of registered ag-	ent and title if app	licable. (NOTE	: Registered	d Agent signatu	re required whe	n reinst	ating) D	ATE		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			0 of State	State					Election Campaign Financing Trust Fund Contribution.	· _ •	5.00 May	
10.		OFFICERS AN	ID DIRECTO	RECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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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 embowered 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 an other like empowered. SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition