## **2002 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

RT 11. BOX 3522

## DOCUMENT # P00000105196

1. Entity Name

RT 11, BOX 3522

Principal Place of Business

TOWN & COUNTRY APPRAISALS, INC.

**FAB GLEN** FAB GLEN LAKE CITY FL 32024 LAKE CITY FL 32024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3681065 Not Applicable Zip Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 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 FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE Change Addition NAME MEADOWS, CATHERINE L NAME STREET ADDRESS RT 11, BOX 3522 STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Sep 02, 2002 8:00 am Secretary of State

09-02-2002 90144 038 \*\*\*150.00

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.

Town + Country Appraisals, Anc 386-755-4628 AHACUMENT

Route 11 Box 3522 Fab Glan

Lake City 31 32024

8-22-02

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Alanda Department of State

Horida Department of State Divisions of Corporations

this Report Because this is the fiest Notice that it Received.

Columbia County has for the Past 2 years been Converting to A Niew 911 Address System, Converting to A Niew 911 Address System, (Una Rickless Maner). This is Not the first (Una Rickless Maner). This is Not the first Utem that has Not been delivered By mail. It trust there is No Penalty for an delivered mail that is Not the fault of the Corporation.

Thanks Catherine Meadows - President