

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91443 025 ***150.00

DOCUMENT # P01000000688

1. Entity Name

MID FLORIDA APPRAISAL SERVICES, INC.



Principal Place of Business

4222 LAKE TENNESSEE DR
ORLANDO FL 32812

Mailing Address

4222 LAKE TENNESSEE DR
ORLANDO FL 32812

2. Principal Place of Business

5038 SIMMONS RD

3. Mailing Address

5038 SIMMONS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32812

Country

Zip

32812

Country

4. FEI Number

59-3695887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLEITES, OVIDIO
6811 LONGMEADE LANE
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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

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

(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

TITLE D ☐ Delete
NAME FLEITES, OVIDIO
STREET ADDRESS 4222 LAKE TENNESSEE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Delete
NAME FLEITES, OVIDIO J
STREET ADDRESS 4222 LAKE TENNESSEE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Delete
NAME FLEITES, BLANCA J
STREET ADDRESS 4222 LAKE TENNESSEE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5038 SIMMONS RD
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5038 SIMMONS RD
CITY-ST-ZIP ORLANDO FL 32812

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2003

407-9767

CR2E034 (10/02)