

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

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

05-02-2002 90119 002 ***150.00

DOCUMENT # PO10000009708 ✓

1. Entity Name

Appraisal One of Polk County, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1185 State Road 540

3. Mailing Address

1185 State Road 540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven FL

4. FEI Number

59-3689379

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Felix E. Perez Jr.

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

400 Hillcrest Drive S.E.

City

Winter Haven

FL

Zip Code

33884

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 Felix Perez Jr. PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

04/22/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE <u>P, J</u>	<u>President</u>	TITLE	
NAME	<u>Felix E. Perez Jr</u>	NAME	
STREET ADDRESS	<u>400 HILLCREST DR.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Winter Haven, FL 33884</u>	CITY-ST-ZIP	
TITLE <u>V.P.S</u>	<u>Vice-President</u>	TITLE	
NAME	<u>Janet E. Perez</u>	NAME	
STREET ADDRESS	<u>400 Hillcrest Dr</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Winter Haven FL 33884</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Felix Perez Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

Date

863-686-7700

Daytime Phone #

CR2E034B (12/01)