

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 030 ***150.00

DOCUMENT # P01000006912

1. Entity Name
RHEA APPRAISALS, INC.



Principal Place of Business
**1617 NW 16TH AVE.
GAINESVILLE FL 32605**

Mailing Address
**1617 NW 16TH AVE.
GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2133021**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHEA, HUGH D
1617 NW 16TH AVE.
GAINESVILLE FL 32605**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **RHEA, HUGH D**
STREET ADDRESS **1931 NW 43RD TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/03 1-352-372-3336

CR2E034 (4/03)

Attachment
80146069
Rhea Appraisals, Inc. # PO1000006912

1617 NW 16th Avenue ~ Gainesville, FL 32605
Phone 352-372-3336 ~ Fax 352-372-3337

September 04, 2003

Florida Department of State
Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

RE: Annual Uniform Business Report

To Whom It May Concern:

Please find enclosed my corporation's Uniform Business Report for 2003. I noticed that this appears to be a secondary notice that includes a late fee. I have not received any prior notices before this one and hereby request that the late fee of \$400 be waived due to this fact. I have enclosed \$150 for the original annual renewal fee along with my signed report. If you need to speak to me regarding this notice, I can be reached at the number listed above. I appreciate your consideration of this matter.

Sincerely,



Hugh D. Rhea
Director

Enclosures (2)