

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043311

1. Entity Name

360 DEGREE APPRAISALS, INC.

Principal Place of Business

8210 W. CORPORATE OAKS DR.  
CRYSTAL RIVER FL 34429

Mailing Address

8210 W. CORPORATE OAKS DR.  
CRYSTAL RIVER FL 34429

2. Principal Place of Business

2833 W. Laureen

3. Mailing Address

2833 W. Laureen ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lecanto FL

City & State

Lecanto FL

4. FEI Number

59-3712305

Applied For

Not Applicable

Zip

Country

34461

Citrus

Zip

Country

34461

Citrus

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROWDEN, THEODORE G  
2833 WEST LAUREEN ST.  
LECANTO FL 34461

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.

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 Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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: PRESIDENT  
NAME: THEODORE G GROWDEN  
STREET ADDRESS: 2833 W LAUREEN ST  
CITY-ST-ZIP: Lecanto FL 34461

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

Daytime Phone #

FILED  
Mar 12, 2002 8:00 am  
Secretary of State

01-30-2002 90128 041 \*\*\*150.00

- 17233



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)