

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90068 029 ***150.00

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DOCUMENT # P01000059523

1. Entity Name
METROPOLIS APPRAISAL SERVICE, INC.



Principal Place of Business
**2903 TIMBERLAKE DR
ORLANDO FL 32806**

Mailing Address
**2903 TIMBERLAKE DR
ORLANDO FL 32806**



2. Principal Place of Business

3722 S Conway Rd

3. Mailing Address

3722 S. Conway Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3720806

Applied For

Not Applicable

Zip

32812

Country

USA

Zip

32812

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JUDD, MEGAN J
2903 TIMBERLAKE DR
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

Megan J Judd

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

3722 S Conway Rd

City

Orlando

FL

Zip Code

32812

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 *Megan J Judd*
Signature, typed or printed name of registered agent and title if applicable.

Megan J Judd, President
(NOTE: Registered Agent signature required when reinstating)

4/17/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JUDD, MEGAN J	
STREET ADDRESS	2903 TIMBERLAKE DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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: *Megan J Judd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
DATE Daytime Phone #

CR2E034 (10/02)