## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000062159

1. Entity Name

ALL FLORIDA HOME EVALUATION, INC.



FILED
Mar 06, 2003 8:00 am 
Secretary of State

03-06-2003 90111 009 \*\*\*150.00

			٠									
Principal Place of Business 1877 EDGEWATER DR. ORLANDO FL 32304			1877	Mailing Address 1877 EDGEWATER DR. ORLANDO FL 32804								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-3733094 Applied For Not Applicable				
Zip Country			Zip		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	1	
	6. Name	and Address of Curre	ent Register	Registered Agent			7. Name and Address of New Registered Agent					
						Name		· · · · · · · · · · · · · · · · · · ·				7
-TROTTER	-Gregory	/ R			Street Address (P.O. Box Number is Not Acceptable)							
520 HIGH	Land aver	NUE		3			Street Address (F.O. DOX NUTTIDELIS NOT ACCEPTABLE)					
ORLANDO	FL 32801											1
						City	FL Zip (			Zip Coo		
8. The above	named entity	y submits this statemer	nt for the purp	ose of changing its	registere	ed office or register	red ag	gent, or both, in the State of Florid	la. I am far	niliar with,	and accept	1
the obligati	ions of regist	ered agent.						,				
SIGNATURE .												
	Signature, typed	or printed name of registered ag	gent and title if app	olicable. (NOTE	Registered	d Agent signature required	when re	einstating)	DATE			
After	May 1, 200	! FEE IS \$150.00 3, Fee will be \$550.0 Florida Departmen	e			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.		OFFICERS A	ND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	1
TITLE	P			☐ Delete	TITLE		-	,		Change	Addition	18
NAME	TROTTER, GREGORY R					<u> </u>						3
STREET ADDRESS   520 HIGHLAND AVENUE ORLANDO FL 32801						ET ADDRESS						2
	CHLANDO	16 32001		<del></del>		ST-ZIP						] į
TITLE NAME				☐ Delete	TITLE				L	☐ Change	Addition	5
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP							
TITLE				☐ Delete	TITLE				Г	Change	Addition	1
NAME					NAME				_			
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP			<u> </u>		_ CITY-	SI-ZIP						
TITLE				☐ Delete	TITLE	·				Change	Addition	
NAME STREET ADDRESS					NAME	1						1
CITY-ST-ZIP						T ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE					Change	Addition	ł
NAME				L Delete	NAME					_ Change	L.J Addition	1
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP		• :				
TITLE				☐ Delete	TITLE			<del></del>		Change	☐ Addition	
NAME					NAME	i		,				1
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP		•				l
	metific that the	information average of	data atalia 400-	dana anti-		· I		140.07(0)(0) El (1)				
indicated of of the corp changed, of	on this report poration or the or on an attac	or supplied vor supplied vor supplemental reporter receiver or trustee en chment with the address	t is true and a npowered to s, with all oth	accurate and that me executed and that me execute this report a or the empowered.	ine exen y signati ss require	iption stated in Secure shall have the secure 607,	ction 1 same la , Floric	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath da Statutes; and that my name a	rther certify n; that I am opears in Bi	that the in an officer lock 10 or	tormation or director Block 11 if	

SIGNATURE:

IGNATURE NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-4-03

40)-422-5577