

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91534 021 ***150.00

DOCUMENT # P01000075087

1. Entity Name

AIKMAN APPRAISAL ASSOCIATES, INCORPORATED

667530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
947 McCleary Street

Suite, Apt. #, etc.

3. Mailing Address
947 McCleary Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
01-0554341

Applied For
☐ Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Donna Aikman

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

City
Delray Beach,

FL

Zip Code
33483

**DO NOT WRITE
IN THIS SPACE**

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

Donna Aikman

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

(NOTE: Registered Agent signature required when reinstating)

x 4/29/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Dir/Pres/Sec/Treas
Donna Aikman
947 McCleary Street
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Donna Aikman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/29/02

DATE

Daytime Phone #

CR2E034B (12/01)