

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90341 020 \*\*\*150.00

0529891 AV

**DOCUMENT # P01000110380**

1. Entity Name  
**APPRAISE-IT, INC.**



Principal Place of Business  
**418 LINCOLN AVENUE  
LEHIGH ACRES FL 33972**

Mailing Address  
**418 LINCOLN AVENUE  
LEHIGH ACRES FL 33972**



2. Principal Place of Business  
**1154 LEE BLVD.**

3. Mailing Address  
**1154 LEE BLVD.**

Suite, Apt. #, etc.  
**SUITE 3**

Suite, Apt. #, etc.  
**SUITE 3**

City & State  
**LEHIGH ACRES, FL**

City & State  
**LEHIGH ACRES, FL**

4. FEI Number **65-1155583**

Applied For  
Not Applicable

Zip  
**33936**

Country  
**USA**

Zip  
**33936**

Country  
**USA**

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PD	<input type="checkbox"/> Delete
NAME	PRUITT, GARY W	
STREET ADDRESS	418 LINCOLN AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROST, JAMES R	
STREET ADDRESS	418 LINCOLN AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROST, DEBRA L	
STREET ADDRESS	418 LINCOLN AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRUITT, DIANE K	
STREET ADDRESS	418 LINCOLN AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03**

Date

**239-368-5901**

Daytime Phone #

CR2E034 (10/02)