

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

0025288 AV

DOCUMENT # P01000112166

1. Entity Name
FARMER VALUATION GROUP, INC.



Principal Place of Business
**3109 SPRING GLEN RD., STE. 302-B
JACKSONVILLE FL 32207**

Mailing Address
**3109 SPRING GLEN RD., STE. 302-B
JACKSONVILLE FL 32207**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
221 North Arlington Rd.
Suite, Apt. #, etc.

3. Mailing Address
221 North Arlington Rd.
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32277

City & State
Jacksonville FL 32277
Zip
32277

4. FEI Number **59-3756375**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JOHNSON, KETIH H ESO
8810 GOODBY'S EXECUTIVE DR., STE. A
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
Name **Lydia Farmer**
Street Address (P.O. Box Number is not acceptable)
221 North Arlington Rd.
City **Jacksonville** FL Zip Code **32217**

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 **Lydia E. Farmer** **Treasurer** **3-6-03**
Signature typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	DP FARMER, RICHARD 3109 SPRING GLEN RD SUITE 302B JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT FARMER, LYDIA 3109 SPRING GLEN RD SUITE 302B JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 221 North Arlington Rd. Jacksonville, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Farmer, Lydia 221 North Arlington Road. Jacksonville, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lydia E. Farmer** **3-6-03** **904-722-9997**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)