

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 039 ***150.00

DOCUMENT # P02000048214

1. Entity Name
HERR VALUATION ADVISORS, INC.



Principal Place of Business
**16607 MEADOW COVE STREET
TAMPA FL 33624**

Mailing Address
**16607 MEADOW COVE STREET
TAMPA FL 33624**

2. Principal Place of Business

**12000 N. Dale Mabry Hwy
Suite 222**

3. Mailing Address

**12000 N. Dale Mabry Hwy.
Suite 222**

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33618

Country
USA

Zip
33618

Country
USA

4. FEI Number
03-0445189

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

**Woodman S. Herr →
12000 N. Dale Mabry Hwy.
Suite 222
Tampa, FL 33618**

7. Name and Address of New Registered Agent

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

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

TITLE
PSTD
NAME
HERR, WOODMAN
STREET ADDRESS
16607 MEADOW COVE STREET
CITY-ST-ZIP
TAMPA FL 33624

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD
NAME
Herr, Woodman
STREET ADDRESS
12000 N. Dale Mabry Hwy #222
CITY-ST-ZIP
Tampa, FL 33618

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

Date

813-269-5777

Daytime Phone #

CR2E034 (10/02)