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

changed, or on an attachment with an address, with all other like empowered.

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ANDREWS	S APPRIAISAL SERVICE, INC. APPRAISAL	(1)/3	y as		00-2	27-2003 30081 (	716 JJV.	00	
Principal Place 11 E. HAZEL S ORLANDO FL	STREET	Mailing Address 11 E. HAZEL STREET ORLANDO FL 32804							
2. Principal Pla	ace of Business 3.	Mailing Address				i 11011 Belli Bbii) Bbiil Eci	(B 9)(B) }(6)) B)BB)	( <b>0</b> (2) 1201 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE! Number Applied For Not Applicable			1	
Zip	Country	Zip	Coun	ıtry	5. Certificate of Status		\$8.75 Add	litional	
	6. Name and Address of Current Regi	stered Agent	.L		7. Name and Addres	s of New Registered			
BARNETT,	STEPHEN		<del></del> _		nie Andre P.O. Box Number is Not				
6972 ALON					azel Stree	zt			
WINTER PA	ARK FL 32792			0.7		·	7:- 0-4		
<del></del>	<u> </u>				ndo	F	L 338	54	
	named entity submits this statement for the ons of registered agent	purpose of changing its	registere	ed office or register	ed agent, or both, in the	State of Florida. I ar	n familiar with, a	and accept	
, SIGNATURE _	Typhaw in		<del>e</del> ph		rews_		[/16/	(23)	
	Signature, typed or printed name of registered agent and title	e if applicable. (NOT	E: Religistere	d Agent signature required	when reinstating)	DATE			İ
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of Sta	te				mpaign Financing Contribution.		May Be to Fees	
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ND DIRECTORS	S IN 11	_
NAME STREET ADDRESS	PD ANDREWS, STEPHANIE 11 E. HAZEL STREET ORLANDO FL 32804	☐ Delete					☐ Change	☐ Addition	034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·			☐ Change	Addition	CR2E03
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			Change	Addition	
indicated o	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empowere	and accurate and that r	nv signat	ure shall have the s	same legal effect as if ma	ade under oath: that	Lam an officer i	or director 1	ļ

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

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DOCUMENT #	P020000614
1. Entity Name	

ANDREWS APPRAISAL SERVICE, INC.

Principal Place of Business Mailing Address 11 E. HAZEL STREET 11 E. HAZEL STREET ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Attachment 80141483



CHECK HERE IF MAKING CHANGES

					Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent				
ANDDENIC CI	EDMANIE		Name	Name Street Address (P.O. Box Number is Not Acceptable)				
andrews, st 11 E. Hazel ( Orlando fl	STREET	•	Street Add					

City

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 Fiorida. 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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

Date

4. FEI Number

\$5.00 May Be Added to Fees

Zip Code

Applied For

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition andrews, stephanie NAME NAME 11 E. HAZEL STREET STREFT ADDRESS STREET ADDRESS Orlando FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change - -- □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE [ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 REQUIRED

Daytime Phone #