

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90161 012 ***150.00

DOCUMENT # P02000073664



1. Entity Name
SOUTHWEST TAMPA BAY APPRAISAL SERVICES, INC.

Principal Place of Business
P.O. BOX 152779
TAMPA FL 33684-2779

Mailing Address
P.O. BOX 152779
TAMPA FL 33684-2779



2. Principal Place of Business

4302 CLAVERTON Crt

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

22-3860746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, BILL M

550 N. REO STREET SUITE 300

TAMPA FL 33684-2779

Name

William S Hollister

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

8001 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 501 M

City

Tampa

FL

Zip Code

33614

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

William S Hollister

1-27-03

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 **D** ☐ Delete
NAME **HOLLISTER, DAVID**
STREET ADDRESS **8001 N. DALE MABRY HWY, STE. 501M**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☒ Change ☐ Addition
NAME **4302 Claverton Crt**
STREET ADDRESS **Tampa FL 33624**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **H**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Hollister Dennis**
STREET ADDRESS **4302 Claverton Crt**
CITY-ST-ZIP **Tampa FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Dennis Hollister*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

Daytime Phone #

CR2E034 (10/02)