

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094322

1. Entity Name  
REAL ESTATE VALUATORS, INC.



**FILED**  
**Jul 29, 2003 8:00 am**  
**Secretary of State**

07-29-2003 90012 039 \*\*\*150.00

0669283 AV

Principal Place of Business  
9685 W. TOM MASON DR  
CRYSTAL RIVER FL 34428

Mailing Address  
9685 W. TOM MASON DR  
CRYSTAL RIVER FL 34428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0795868

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

7. Name and Address of New Registered Agent

JOHNS-GORDON, TERESA S  
9685 W. TOM MASON DR  
CRYSTAL RIVER FL 34428

Name

S. TERESA JOHNS-GORDON

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 *S. Teresa Johns Gordon*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/03

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 JOHNS-GORDON, TERESA S  
STREET ADDRESS 9685 W. TOM MASON DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☒ Change ☐ Addition  
NAME JOHNS-GORDON, S. TERESA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GORDON, ROY J  
STREET ADDRESS 9685 W. TOM MASON DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

*S. Teresa Johns Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. TERESA JOHNS-GORDON  
3/12/03

352-563-0127

Daytime Phone #

CR2E034 (10/02)