

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0357885
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DOCUMENT # **P02000097781**

1. Entity Name
STATE WIDE APPRAISAL SERVICES, INC.



FILED

03 APR 14 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8338 STATE ROAD 84
DAVIE FL 33324**

Mailing Address
**8338 STATE ROAD 84
DAVIE FL 33324**

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
99-0052202

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

**FEINMAN, STEVEN A
8338 STATE ROAD 84
DAVIE FL 33324**

Name **JACK GERMAN**

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

2067 ISLAND C/A

City **WESTON**

FL

Zip **33326**

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 **JACK GERMAN**

Jack German

DATE **3-19-03**

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 Delete
NAME **D GERMAN, SHEILA**
STREET ADDRESS **2067 ISLAND ROAD**
CITY-ST-ZIP **WESTON FL 33326**

Change Addition
400016970084
04/24/03--01074--016 **150.00

TITLE Delete
NAME **D ALTER, JILL**
STREET ADDRESS **2067 ISLAND ROAD**
CITY-ST-ZIP **WESTON FL 33326**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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)(f), 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: *Sheila German* **SHEILA GERMAN** 3/19/03 954-424-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)