

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 014 ***550.00

DOCUMENT # P02000102069

1. Entity Name
BEDWELL APPRAISAL SERVICES, INC.



Principal Place of Business
P. O. BOX 3006
PLACIDA FL 33946

Mailing Address
P. O. BOX 3006
PLACIDA FL 33946



2. Principal Place of Business

481 S. Indiana Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3006
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Englewood, FL

City & State

Placida, FL

4. FEI Number

41-2068165

Applied For

Not Applicable

Zip

33946

Country

Florida

Zip

33946

Country

Charlotte

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FISCHER, C. MICHAEL
2800 PLACIDA RD.
SUITE 112
ENGLEWOOD FL 34224

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 \$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.

☐

\$5.00 May Be
Added to Fees

-10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Catherine Bedwell	
STREET ADDRESS	159 Kings Drive	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Catherine Bedwell	
STREET ADDRESS	159 Kings Drive	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	V-Pres	<input type="checkbox"/> Delete
NAME	Walter Bedwell	
STREET ADDRESS	159 Kings Drive	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine Bedwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03

Date

Daytime Phone #

CR2E034 (4/03)