

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90746 036 ***150.00

DOCUMENT # P02000103324

1. Entity Name
TRUE VALUE REAL ESTATE APPRAISAL, INC.



Principal Place of Business
**3554 S ORANGE AVE
ORLANDO FL 32806**

Mailing Address
**3554 S ORANGE AVE
ORLANDO FL 32806**

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

45-0481842

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

**GARRIS, WILLIAM S
5123 PICADILLY CIRCUS CT
ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name

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

739 E. Iowa Woods Circle

City

Orlando

FL

Zip Code

32824

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 \$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 **P** ☐ Delete
NAME **GARRIS, WILLIAM S**
STREET ADDRESS **5123 PICADILLY CIRCUS CT**
CITY-ST-ZIP **ORLANDO FL 32839**

☒ Change ☐ Addition
TITLE **739 E. Iowa Woods Cr.**
NAME **Orlando, FL 32824**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEGER, TIMOTHY E**
STREET ADDRESS **5123 PICADILLY CIRCUS CT**
CITY-ST-ZIP **ORLANDO FL 32839**

☒ Change ☐ Addition
TITLE **2906 Crystal Lake Ave.**
NAME **Orlando, FL 32806**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **NERACKER, RONALD S**
STREET ADDRESS **162 SUNBELT CIR**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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:

SIGNATURE REQUIRED
Timothy E. Leger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

407-854-0078

Daytime Phone #

CR2E034 (10/02)