



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90010 026 ***158.75

DOCUMENT # P03000038114 1. Entity Name UNITED APPRAISALS, INC.					
Principal Place of Business 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 US			Mailing Address 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business 6650 Rowan Road Suite, Apt. #, etc.		3. Mailing Address 6650 Rowan Road Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 06-1688460	
Zip 34653		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUCHMAN, ROBERT L 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Robert L. Schuchman Street Address (P.O. Box Number is Not Acceptable) 6650 Rowan Road City New Port Richey FL Zip Code 34653	
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 <u>Robert L. Schuchman</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/4/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUCHMAN, BOBBIE J 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUCHMAN, ROBERT L 4731 SPRING SIDE DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO 6650 Rowan Road New Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert L. Schuchman</u> Robert L. Schuchman 1/4/05 727-846-9777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					