

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90220 034 ***150.00

DOCUMENT # P93000022824

1. Entity Name
RELIABLE APPRAISING AND REAL ESTATE SERVICES, IN C.



Principal Place of Business
**307 TEQUESTA DRIVE
#101B
TEQUESTA FL 33469
US**

Mailing Address
**307 TEQUESTA DRIVE
#101B
TEQUESTA FL 33469
US**



2. Principal Place of Business

3. Mailing Address

118 DAY LILY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FLORIDA

4. FEI Number

65-0397502

Applied For

Not Applicable

Zip

Country

Zip

Country

33458

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, CHRISTOPHER
307 TEQUESTA DRIVE
#101B
TEQUESTA FL 33469**

Name

LAUREN WILSON

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

118 DAY LILY DRIVE

City

JUPITER

FL

Zip Code

33458

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

LAUREN WILSON PRESIDENT

1/10/03

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, CHRISTOPHER	
STREET ADDRESS	307 TEQUESTA DR #101B	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, LAUREN	
STREET ADDRESS	307 TEQUESTA DR #101B 118 DAY LILY DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469 JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LAUREN WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

5615755558

Daytime Phone #

CR2E034 (10/02)