

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90054 026 ***150.00

DOCUMENT # P93000040096

1. Entity Name
SUMMIT APPRAISALS, INC.



Principal Place of Business
**4209 POLEY LN
LAKELAND FL 33811**

Mailing Address
**4209 POLEY LN
LAKELAND FL 33811**



2. Principal Place of Business

4209 POLEY LN.

Suite, Apt. #, etc.

3. Mailing Address

4209 POLEY LN.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKELAND, FL.

Zip
33811

Country

City & State
LAKELAND, FL.

Zip
33811

Country

4. FEI Number **59-3188963**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, CLAUDIE O
4209 POLEY LN
LAKELAND FL 33811**

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 **Wanna R. Walker Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WALKER, CLAUDIE O
P.O. BOX 5107 N/A
LAKELAND FL 33807** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WALKER, WANNA R
P.O. BOX 5107 N/A
LAKELAND FL 33807** ☐ Delete

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

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☐ 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)(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: **Wanna R. Walker Vice President** **1-10-03** **863-644-3902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)