

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90048 022 ***150.00

DOCUMENT # **P93000045205** ✓
 Entity Name
Thomas D. Workman Appraisal Inc.

Principal Place of Business Mailing Address
2007 Savona Pkwy
Cape Coral FL 33904

2. Principal Place of Business 3. Mailing Address
2007 Savona Pkwy
 Suite, Apt. #, etc.
Cape Coral FL
 City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
33904 Lee 33904

4. FEI Number **65-0423012**
 Applied For
 Not Applicable

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

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.

SIGNATURE **Thomas D. Workman** **Mar. 27 2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Thomas D Workman Pres ☐ Delete
Judith L. Workman Vp ☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas D. Workman** **3/27/2000** **941 549 0522**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)