

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077415

1. Entity Name
SUN STATE APPRAISAL COMPANY, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90389 022 ***150.00

Principal Place of Business
1034 CATFISH CREEK COURT
OVIEDO FL 32765

Mailing Address
1034 CATFISH CREEK COURT
OVIEDO FL 32765

2. Principal Place of Business
235 Owl Haven Cove
Suite, Apt. #, etc.

3. Mailing Address
235 Owl Haven Cove
Suite, Apt. #, etc.

City & State
Geneva, FL

City & State
Geneva FL

4. FEI Number **59-3212136**

Applied For
☐ Not Applicable

Zip Country
32732 USA

Zip Country
32732 USA

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

6. Name and Address of Current Registered Agent

BENEDICT, AMY S
1034 CATFISH CREEK COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name **Benedict, Amy S.**
Street Address (P.O. Box Number is Not Acceptable)

235 Owl Haven Cove
City **Geneva** **FL** Zip Code **32732**

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 *Amy S. Benedict* *Amy S. Benedict* *4/20/01*
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 filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **D** ☐ Delete
NAME **BENEDICT, AMY S**
STREET ADDRESS **1034 CATFISH CREEK COURT 235 Owl Haven Cove**
CITY-ST-ZIP **OVIEDO FL 32765 Geneva, FL 32732**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Amy S. Benedict* *Amy S. Benedict* *4/20/01* *349-0472*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)