

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 023 ***150.00

DOCUMENT # P94000021757

1. Entity Name
MID-FLORIDA APPRAISAL, INC.

Principal Place of Business
**1736 INDIANA
WINTER PARK FL 32789**

Mailing Address
**501 N. ORLANDO AVE
PO BOX 313-126
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite/Apt./#; etc.

Suite/Apt./#; etc.

City & State

City & State

4. FEI Number **59-3231821**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BATTLE, DAVID O JR
1736 INDIANA
WINTER PARK, FL 32789**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BATTLE, DAVID O JR
1736 INDIANA
WINTER PARK FL 32789** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, KEITH D
125 E. GRANADA BLVD
ORMOND BEACH FL 32176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-02 407-629-7488

CR2E034 (4/02)

*Attach new
JR. # 94000021757
B0137028*

JOSEPH A. ROTH, P.A., CPA
1617 Ridgewood Ave.
Holly Hill, FL 32117
386-677-3104
FAX: 386-677-0335

JULY 31, 2002

TO: UNIFORM BUSINESS REPORT
DIV OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: MID-FLORIDA APPRAISAL, INC.
1736 INDIANA AVE
WINTER PARK, FL 32789-5447

MY CLIENT DIDN'T RECEIVE A COPY OF THE 2002 UNIFORM BUSINESS
REPORT FORM PRIOR TO THE SECOND NOTICE WHICH HE RECEIVED
RECENTLY.

THEREFORE, HE FEELS THAT HE SHOULD NOT HAVE TO PAY THE PENALTY
FOR LATE FILING AND PAYMENT.

HIS CHECK FOR \$150.00 IS ENCLOSED ALONG WITH A SIGNED COPY OF
THE REPORT.

SINCERELY YOURS,

J Roth

CC: MID-FLORIDA APPRAISAL, INC.