

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026107

1. Entity Name

APPRAISAL MASTERS INCORPORATED

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90080 004 \*\*\*150.00

Principal Place of Business Mailing Address  
725 SE PORT ST. LUCIE BLVD., STE. 206 725 SE PORT ST. LUCIE BLVD., STE. 206  
PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984-5232

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0481802

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

ARMBRUSTER, VIOLET M  
725 SE PORT ST. LUCIE BLVD., STE. 206  
PORT ST. LUCIE FL 34984

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ARMBRUSTER, VIOLET M S.  
STREET ADDRESS 725 SE PORT ST. LUCIE BLVD #206  
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

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

TITLE STD  
NAME ARMBRUSTER, MICHAEL E  
STREET ADDRESS 725 SE PORT ST. LUCIE BLVD. #206  
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Violet M. Armbruster* Violet M. Armbruster 4/28/2000(561)-871-0904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)