

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90948 012 ***150.00

DOCUMENT # P94000073476



1. Entity Name
F.T.S. REAL ESTATE APPRAISALS & CONSULTING, INC.

Principal Place of Business
8282 BERMUDA SOUND WAY CHANAS
BOYNTON BEACH FL 33436
US

Mailing Address
8282 BERMUDA SOUND WAY CHANAS
BOYNTON BEACH FL 33436
US

2. Principal Place of Business
6688 HOULTON CIRCLE

3. Mailing Address
6688 HOULTON CIRCLE

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33467

Country
USA

4. FEI Number **65-0560504**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, FRED T
8282 BERMUDA SOUND WAY
BOYNTON BEACH FL 33436

6688 HOULTON CIRCLE
LAKE WORTH, FL
33467

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P SMITH, FREDERICK T 8282 BERMUDA SOUND WAY OLD ADDRESS BOYNTON BEACH FL 33436 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, FREDERICK T 6688 HOULTON CIRCLE LAKE WORTH, FLA 33467 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: SIGNATURE REQUIRED **2/28/03** **(561) 967-9373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NR04153 AV

CR2E034 (10/02)