

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079574

1. Entity Name

ASAP APPRAISALS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90068 041 \*\*\*150.00

Principal Place of Business

14303 WADSWORTH DR  
ODESSA FL 33556  
US

Mailing Address

109 FLAGSHIP DRIVE  
LUTZ FL 33549  
US

2. Principal Place of Business

3. Mailing Address

5364 EHRlich RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 356

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33624

Country

4. FEI Number 59-3270167

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

PFISTER, LINDA E  
109 FLAGSHIP DRIVE  
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

14303 WADSWORTH DR.

City ODESSA

FL

Zip Code

33556

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

*Linda E. Pfister*

LINDA E. PFISTER

4/20/00

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 PTS  
NAME PFISTER, LINDA E.  
STREET ADDRESS 14303 WADSWORTH DR  
CITY-ST-ZIP ODESSA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME PFISTER, JOHN C.  
STREET ADDRESS 14303 WADSWORTH DRIVE  
CITY-ST-ZIP ODESSA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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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:

*Linda E. Pfister*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

813-926-4843

Daytime Phone #

CR2E034 (9/99)