

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 034 ***150.00

DOCUMENT # P94000079574					
1. Entity Name ASAP APPRAISALS, INC.					
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 14303 WADSWORTH DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State ODESSA, FL		
Zip		Country	Zip 33556		Country
4. FEI Number 59-3270167			Applied For Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PFISTER, LINDA E 14309 WADSWORTH DR ODESSA, FL 33568			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u><i>Linda E Pfister</i></u> (NOTE: Registered Agents (must) sign and date this application.) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFISTER, LINDA 14303 WADSWORTH DR ODESSA, FL 33536 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFISTER, JOHN C. 14303 WADSWORTH DRIVE ODESSA, FL 33536 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 another like empowered.					
SIGNATURE: <u><i>Linda E Pfister</i></u>			Date <u>4/16/03</u> Daytime Phone # <u>813-949-0272</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LINDA E. PFISTER					

CR2004 (10/02)