

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031785

1. Entity Name

TAMPA BAY APPRAISAL SERVICE, INC.

R

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90003 028 ***150.00

Principal Place of Business

Mailing Address

4311 FOXGLEN LANE
TAMPA FL 33624

4311 FOXGLEN LANE
TAMPA FL 33624-1717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

4. FEI Number

59-3348772

Applied For

Not Applicable

Zip

Country

Zip

Country

33694-0362

USA

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

BRUBAKER, THOMAS P
4311 FOXGLEN LANE
TAMPA FL 33624

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)

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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 P
NAME BRUBAKER, THOMAS P
STREET ADDRESS 4311 FOXGLEN LANE
CITY-ST-ZIP TAMPA FL 33624

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

813 908 0706

Daytime Phone #

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 2000

TAMPA BAY APPRAISAL SERVICE, INC.
4311 FOXGLEN LANE
TAMPA, FL 33624

Subject: TAMPA BAY APPRAISAL SERVICE, INC.

Reference Number: P95000031785

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION