

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000059697**

1. Entity Name  
**BDS APPRAISERS, INC.**

Principal Place of Business 2008 IOWA AVE NE  ST PETERSBURG 33703	FL	Mailing Address 877 EXECUTIVE CENTER DR. W. SUITE 303 ST. PETERSBURG 33702	FL
---	----	--	----

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 475 CENTRAL AVENUE  Suite, Apt. #, etc. KRESS BUILDING, SUITE M8
---	---

City & State ST. PETERSBURG	FL	4. FEI Number <b>59-3331505</b>	Applied For <input type="checkbox"/> Not Applicable
--------------------------------	----	------------------------------------	--

Zip 33701	Country US	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--------------	---------------	--	---------------------------------------

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MASCARA ERNEST L  
 GLADES BUILDING, SUITE 303  
 877 EXECUTIVE CENTER DRIVE, WEST  
 ST. PETERSBURG FL  
 33702 US

**7. Name and Address of New Registered Agent**

Name  
 MASCARA ERNEST L  
 Street Address (P.O. Box Number is Not Acceptable)  
 KRESS BUILDING, SUITE M8  
 475 CENTRAL AVENUE  
 City  
 ST. PETERSBURG FL Zip Code  
 33701

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 ERNEST L. MASCARA DATE 04/02/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SOUCY LEO A 2008 IOWA AVE NE ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SOUCY CLAUDIA M 2008 IOWA AVE NE ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: LEO A. SOUCY VP Date 04/02/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)