

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095458

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2

0005632 AV

01 SEP 11 PM 12: 22

1. Entity Name
FIRST APPRAISAL SERVICES OF TALLAHASSEE, INC.

Principal Place of Business *Ro* Mailing Address
~~3370 CAPITAL CIR NE~~ **2417 Fleischman** P.O. BOX 14173
TALLAHASSEE FL 32308 *Unit #3* TALLAHASSEE FL 32317
US US



2. Principal Place of Business *Ro* 3. Mailing Address
2417 Fleischman

Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT #3

City & State City & State
Tallahassee FL

Zip Country Zip Country
32308 LEON

DO NOT WRITE IN THIS SPACE
04/27/01 90337 005 #150.00

4. FEI Number **59-3349582** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, CHARLES
1274 MILLSTREAM ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name *same*
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]* DATE
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D DE LUCA, RICHARD, Pres. 323 THORNBERG DRIVE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Charles G. Robinson 1274 Millstream Tallahassee FL 32312	<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	CEO Charles G. Robinson 1274 Millstream Tallahassee FL 32312	<input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** *Charles G. Robinson CEO* Date **9/5/01** Daytime Phone # **850 553 9134**

CR2E034 (5/01)

SP

Dear Sir:

pg 2 of 2

We never received correspondence
requesting these changes. We have made
the changes which were due NLT today.

C. R. [Signature] CEO
9/11/01