

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096256

1. Entity Name

CARTER'S APPRAISAL SERVICE, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90010 048 \*\*\*150.00

Principal Place of Business

Mailing Address

3021 SW 27TH AVE  
SUITE B  
OCALA FL 34474

3021 SW 27TH AVE  
SUITE B  
OCALA FL 34474-4405

2. Principal Place of Business

415 SW 14th St

3. Mailing Address

415 SW 14th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Ocala, FL

City & State  
Ocala, FL

4. FEI Number 59-3349349

Applied For  
Not Applicable

Zip 34474 Country

Zip 34474 Country

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

CARTER, THOMAS E SR

~~3021 SW 27TH AVE~~ 415 SW 14th St.

~~SUITE B~~

OCALA FL 34474

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) ☐

**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 D ☐ Delete  
NAME CARTER, THOMAS E  
STREET ADDRESS 3021 SW 27TH AVE SUITE B  
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition  
NAME 415 SW 14th St  
STREET ADDRESS Ocala, FL 34474  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARTER, DEBRA L  
STREET ADDRESS 3021 SW 27TH AVE SUITE B  
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition  
NAME 415 SW 14th St  
STREET ADDRESS Ocala, FL 34474  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

352-402-9192

3-10-2000

Debra Carter