

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90110 014 ***150.00

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1. Entity Name
RTD APPRAISALS, INC.



Principal Place of Business
**12946 116TH ST N
LARGO FL 33778
US**

Mailing Address
**12946 116TH ST N
LARGO FL 33778
US**

30004557



2. Principal Place of Business

12945 Seminole Blvd

Suite, Apt. #, etc.

Bldg 2 - Suite 12

City & State

Largo, fl 33778

3. Mailing Address

12945 Seminole Blvd

Suite, Apt. #, etc.

Bldg 2 - suite 12

City & State

Largo, FL 33778

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3398195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEDMAN, SHIRLEY
12946 116TH ST N
LARGO FL 33778**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

9965 86th Ave n

Seminole, FL

City

Seminole

FL

Zip Code

33777

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **DEDMAN, RALPH T**
CITY-ST-ZIP **12946 116TH ST N
LARGO FL 33778-1802**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DEDMAN, SHIRLEY M**
CITY-ST-ZIP **12946 116TH ST N
LARGO FL 33778-1802**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Pres & Treas**
STREET ADDRESS **Dedman, Ralph T.**
CITY-ST-ZIP **9965 86th Ave N
Seminole, FL 33777**

TITLE ☐ Change ☐ Addition
NAME **Sec**
STREET ADDRESS **Dedman, Shirley M**
CITY-ST-ZIP **9965 86th Ave N
Seminole, FL 33778**

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

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

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

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

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 all other like empowered.

SIGNATURE

Ralph T. Dedman President

**727-585-3509
4-11-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)