

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90225 032 ***150.00

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1. Entity Name
SOUTHERN APPRAISAL SERVICES, INC.



Principal Place of Business
**7350 S. TAMiami TrL
SARASOTA FL 34231
US**

Mailing Address
**1847 NAUTILUS DR.
301
SARASOTA FL 34231
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0698469**

Applied For

Not Applicable

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

**KABOBEL, GERALD O
1847 NAUTILUS DRIVE
SARASOTA FL 34231**

Name **Barbara J. Kabobel**
Street Address (P.O. Box Number is Not Acceptable)
**1847 Nautilus Dr.
Sarasota, FL 34231**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Barbara J. Kabobel Barbara J. Kabobel, Pres.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/17/03**

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	KABOBEL, GERALD O
STREET ADDRESS	1847 NAUTILUS DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	KABOBEL, DEREK O
STREET ADDRESS	1847 NAUTILUS DR
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	KABOBEL, BARBARA J
STREET ADDRESS	1847 NAUTILUS DR
CITY-ST-ZIP	SARASOTA FL
TITLE	T <input type="checkbox"/> Delete
NAME	KABOBEL, HEATHER L
STREET ADDRESS	1847 NAUTILUS DR
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara J Kabobel
STREET ADDRESS	1847 Nautilus Dr.
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Sec. Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heather L. Kabobel
STREET ADDRESS	1847 Nautilus Dr.
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Barbara J. Kabobel** **Barbara J. Kabobel** **2/17/03** **941-954-1810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)