

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079017

1. Entity Name

EXECUTIVE APPRAISAL AND CONSULTING INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90296 019 ***150.00

Principal Place of Business

1483 GODFREY AVENUE
SPRING HILL FL 34609

Mailing Address

1483 GODFREY AVENUE
SPRING HILL FL 34602-9198

2. Principal Place of Business

23071 DEER FLY RD.
Suite, Apt. #, etc.

3. Mailing Address

23071 DEER FLY RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3405932

Applied For

Not Applicable

Zip

34602

Country

USA

Zip

34602

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURIELLO, ANTHONY J
1483 GODFREY AVENUE
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name
Anthony J. Mauriello
Street Address (P.O. Box Number is Not Acceptable)
23071 DEER FLY RD
City
Brooksville, FL Zip Code
34602

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 Anthony J. Mauriello

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

(NOTE: Registered Agent signature required when reinstating)

4-15-00
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

TITLE	D	MAURIELLO, ANTHONY J	<input type="checkbox"/> Delete
NAME		1483 GODFREY AVE	
STREET ADDRESS		SPRING HILL FL 34609	
CITY-ST-ZIP			
TITLE	D	MAURIELLO, MARY E	<input type="checkbox"/> Delete
NAME		1483 GODFREY AVE	
STREET ADDRESS		SPRING HILL FL 34609	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	MAURIELLO, ANTHONY J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23071 DEER FLY RD	
STREET ADDRESS		BROOKSVILLE, FL 34602	
CITY-ST-ZIP			
TITLE	D	MAURIELLO, MARY E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23071 DEER FLY RD	
STREET ADDRESS		BROOKSVILLE, FL 34602	
CITY-ST-ZIP			
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			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony J. Mauriello

4-15-00

(352) 799-0773

CR2E034 (9/99)