

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015697

1. Entity Name

MCCALIP & MORALES APPRAISAL SERVICE, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90080 024 ***150.00

Principal Place of Business

522 SW 1ST AVE
OCALA FL 34474
US

Mailing Address

P O BOX 6034
OCALA FL 34478
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 59-3432559

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

MORALES, JOHN C
1206 NE 31 STREET
OCALA FL 34479

Name

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

820 SE 38 Ave

City

Ocala

FL

Zip Code

34471

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, 2001 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 VP
NAME MORALES, JOHN C
STREET ADDRESS 50 PECAN PASS RUN
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE VP
NAME Morales John C
STREET ADDRESS 820 SE 38 Ave
CITY-ST-ZIP Ocala 34471 ☐ Change ☐ Addition

TITLE P
NAME MCCALIP, ROBERT P
STREET ADDRESS 810 NE 21ST AVE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

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

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

352 680 6200

Daytime Phone #

CR2E034 (10/00)