

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033937

1. Entity Name

CNC APPRAISAL SERVICES INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90991 015 ***150.00

Principal Place of Business

Mailing Address

1850 FOREST HILL BLVD.
SUITE #202
WEST PALM BEACH FL 33406

1850 FOREST HILL BLVD.
SUITE #202
WEST PALM BEACH FL 33406-6060

101212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0766125

Applied For

Not Applicable

Zip

Country

Zip

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

OGONOWSKI, CARLA D
1850 FOREST HILL BLVD.
SUITE #202
WEST PALM BEACH FL 33406

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 ☐ Delete
NAME D
STREET ADDRESS OGONOWSKI, CARLA D
CITY-ST-ZIP 1850 FOREST HILL BLVD, 202
W P B FL 33406

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

TITLE ☒ Delete
NAME D
STREET ADDRESS FIRPO, CAMILLE M
CITY-ST-ZIP 1850 FOREST HILL BLVD, 202
W P B FL 33406

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Carla D. Ogonowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 561-966-4499

CR2E034 (9/99)

Camille M. Firpo
State Certified Res. Appraiser
#0001356



Appraisal Services

Carla D. Ogonowski
State Certified Res. Appraiser
#0001260

December 23, 1999

CnC Appraisal Services Inc.
1850 Forest Hill Blvd. #202
West Palm Beach, FL 33460

Attachment
101212
PPT000033937

To whom it may concern:

Camille M. Firpo resigns from the corporation of CnC Appraisal Services Inc. as Officer and Director as of 12/17/99.

Sincerely,

Camille M. Firpo

Signed before me this 23rd day
of December, 1999

JOYCE KING
COMMISSION # CC 532208
EXPIRES APR 01, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.