

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
 01-17-2002 90041 019 ***150.00

DOCUMENT # P97000039236

1. Entity Name
ASSOCIATED CERTIFIED APPRAISERS, INC.

Principal Place of Business
 1262 DELMAR ST. **DELMAR**
 JACKSONVILLE FL 32205

Mailing Address
 1262 DELMAR ST. **DELMAR**
 JACKSONVILLE FL 32205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1262 DELMAR ST
 Suite, Apt. #, etc.

3. Mailing Address
1262 DELMAR ST
 Suite, Apt. #, etc.
JACKSONVILLE FL

City & State
JACKSONVILLE FL

City & State

4. FEI Number **59-3258703**

Applied For
 Not Applicable

Zip
32205

Country
FLORIDA

Zip
32205

Country
FLORIDA

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

RAUSCH, LAWRENCE R
712 SOUTH EDGEWOOD AVE
JACKSONVILLE FL 32205

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	WALTER, BILLIE D	
STREET ADDRESS	1262 DELMAR ST. DELMAR	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	BINNIE WALTER	
STREET ADDRESS	1262 DELMAR ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	Cathy Roth - SECRETARY	<input type="checkbox"/> Delete
NAME	1262 DELMAR ST	
STREET ADDRESS	JACKSONVILLE FL 32205	
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		

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	
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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: **GILLIAN J. WATKINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 **904-781-7188**
 Date Daytime Phone #

CR2E034 (9/01)