

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90323 039 ***150.00

DOCUMENT # P97000065344

1. Entity Name
TABLER APPRAISAL GROUP, INC.

Principal Place of Business
~~4809 S.E. FIRST AVENUE~~
KEYSTONE HEIGHTS FL 32636

Mailing Address
~~4300 S.E. FIRST AVENUE~~
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business
83 Knight Boxx Road
 Suite, Apt. #, etc.
SUITE 103

3. Mailing Address
6838 WOMANS CLUB DRIVE
 Suite, Apt. #, etc.

City & State
ORANGE PARK FLORIDA

City & State
KEYSTONE HEIGHTS FLORIDA

Zip
32065

Country
U.S.A.

Zip
32656

Country
U.S.A.

4. FEI Number **59-3459133**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABLER, JOHN R
~~4809 S.E. FIRST AVENUE~~ **6838 WOMANS CLUB DRIVE**
KEYSTONE HEIGHTS FL 32656

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 **PRESIDENT**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TABLER, JOHN R	6570 CRYSTAL LAKE ROAD 6838 WOMANS CLUB DRIVE	STARKE FL 32091 KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

04/25/2001 **904-276-0010**
 Date Daytime Phone #

CR2E034 (10/00)