

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90232 004 \*\*\*150.00

**DOCUMENT # P97000086123**

1. Entity Name  
**ISLAND APPRAISAL, INC.**

Principal Place of Business

88888 OVERSEAS HWY  
 TAVERNIER FL 33070

Mailing Address

PO BOX 900  
 TAVERNIER FL 33070

**660247**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*128 San Juan Dr*  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Islamorada*

City & State

Zip

Zip  
*33036*

Country

*Monroe*

Country

4. FEI Number **65-0787033**

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

**ROSENDALE, PATRICIA**  
**141 AREGOOD LANE,**  
**C-1**  
**ISLAMORADA FL 33036**

Name

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

*128 San Juan Dr*

City

*Islamorada*

FL

Zip Code  
*33036*

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.

(NOT)

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**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**Fee IS \$150.00**

**Fee will be \$550.00**

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 **PD** ☐ Delete  
 NAME **ROSENDALE, PATRICIA**  
 STREET ADDRESS **141 AREGOOD LANE, C-1**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Change ☐ Addition  
 NAME *128 San Juan Dr*  
 STREET ADDRESS *Islamorada FL 33036*  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed 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:

*Patricia Rosendale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)