

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006538

Entity Name

CAROLINE ROUTSON STATE CERTIFIED APPRAISER, INC

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90106 045 ***150.00

Principal Place of Business

Mailing Address

285 LAKE SEMINARY CIRCLE
MAITLAND FL 32751

285 LAKE SEMINARY CIRCLE
MAITLAND FL 32751-3354

2. Principal Place of Business

3.

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROUTSON, CAROLINE
285 LAKE SEMINARY CIRCLE
MAITLAND FL 32751

8. The above named entity submits this statement for the

SIGNATURE

Signature, typed or printed name of registered agent and Title (if applicable)

(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

TITLE **D** ☐ Delete
NAME **ROUTSON, CAROLINE**
STREET ADDRESS **285 LAKE SEMINARY CIRCLE**
CITY - ST - ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3488898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

FL

Zip Code

registered agent, or both, in the State of Florida.

CR2E034 19/99