

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019530

1. Entity Name

FIDELITY APPRAISAL SERVICE, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90107 028 \*\*\*150.00

Principal Place of Business

2804 S. DEL PRADO BLVD.  
203  
CAPE CORAL FL 33904

Mailing Address

2804 S. DEL PRADO BLVD.  
203  
CAPE CORAL FL 33904-7232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0824331

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

PADGHAM, ROBERT ALLEN  
2827 S.E. 16TH PLACE  
CAPE CORAL FL 33904

Name Dykstra, Priscilla  
Street Address (P.O. Box Number is Not Acceptable) 2804 Del Prado Blvd.  
Suite 203  
City Cape Coral FL 33904

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, 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

TITLE ☒ Delete  
NAME PADGHAM, ROBERT A  
STREET ADDRESS 2827 SE 16TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME DYKSTRA, PRISCILLA R  
STREET ADDRESS 24324 PIRATE HARBOUR BLVD.  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 #

1-3-00 941-549-0044