

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022816

1. Entity Name

SERVICE APPRAISALS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90223 020 ***150.00

Principal Place of Business

230 S. CYPRESS RD., STE. 6022
POMPANO BEACH FL 33060

Mailing Address

230 S. CYPRESS RD., STE. 6022
POMPANO BEACH FL 33060-7001

2. Principal Place of Business

623 E. ATLANTIC BLVD
Suite, Apt. #, etc.
#6022

3. Mailing Address

623 E. ATLANTIC BLVD
Suite, Apt. #, etc.
#6022

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33060

Country

USA

Zip

33060

Country

USA

4. FEI Number

65-0835434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWLEY, GERALD
230 S. CYPRESS RD., STE. 6022
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

GERALD ROWLEY

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

623 E. ATLANTIC BLVD

Suite 6022

City

POMPANO BEACH

FL

Zip Code

33060

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

Gerald Rowley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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	<input type="checkbox"/> Delete
NAME	ROWLEY, GERALD	
STREET ADDRESS	230 S. CYPRESS RD., STE. 6022	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowley, GERALD	
STREET ADDRESS	623 E. ATLANTIC	
CITY-ST-ZIP	BLVD., #6022, POMPANO BEACH FL 33060	
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		
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		
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:

Gerald Rowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/2000

Daytime Phone #

554-327-0608

CR2E034 (9/99)