

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037928

1. Entity Name

R.E. APPRAISALS INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90045 019 ***150.00

Principal Place of Business

5006 TROUBLE CREEK RD.
SUITE 214
NEW PORT RICHEY FL 34652

Mailing Address

8226 BRENT ST.
POR RICHEY FL 34668-6141

2. Principal Place of Business

5919 Trouble Creek Rd

3. Mailing Address

8226 Brent St.

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

City & State

New Port Richey, FL.

City & State

Port Richey, FL.

Zip

34652

Country

Pasco

Zip

34668

Country

Pasco

4. FEI Number

59-3508268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STACHELEK, JOSEPH S

8694 ASHBURY DR.

HUDSON FL 34667-0927

8226 Brent St.
Port Richey, FL. 34668

7. Name and Address of New Registered Agent

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

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, 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	VPT	<input type="checkbox"/> Delete
NAME	PATTERSON, KATHLEEN A	
STREET ADDRESS	8226 BRENT ST.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	PS	<input type="checkbox"/> Delete
NAME	STACHELEK, JOSEPH S	
STREET ADDRESS	8226 BRENT ST.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

727-817-1053

Daytime Phone #

CR2E034 (9/99)