

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90109 041 \*\*\*150.00

**DOCUMENT # P98000094506**

1. Entity Name  
**ADVANCED APPRAISALS & CONSULTING INC.**

Principal Place of Business

**RT 4 BOX 1026  
 PALATKA FL 32177**

Mailing Address

**PO BOX 381  
 PALATKA FL 32178**

2. Principal Place of Business

**723 Julia St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palatka, FL**

City & State

4. FEI Number **59-3541977**

Applied For  
 Not Applicable

Zip

Country

**32177**

**USA**

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

**KELLEY, GEORGE  
 RT 4 BOX 1026  
 PALATKA FL 32177**

Name **Kelley, George**

Street Address (P.O. Box Number is Not Acceptable)  
**723 Julia St.**

City **Palatka** **FL** Zip Code **32177**

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 **George Kelley**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reappointing)

**4/30/01**  
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **KELLEY, CHRISTINE**  
 STREET ADDRESS **RT 4 BOX 1026**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Kelley, Christine**  
 STREET ADDRESS **723 Julia St.**  
 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Delete  
 NAME **KELLEY, GEORGE**  
 STREET ADDRESS **RT 4 BOX 1026**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Kelley, George**  
 STREET ADDRESS **723 Julia St.**  
 CITY-ST-ZIP **Palatka, FL 32177**

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Christine Kelley**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**  
 Date

Daytime Phone #

CR2E034 (10/00)