

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90458 028 ***150.00

DOCUMENT # P98000097024

1. Entity Name
ADVANTAGE APPRAISAL SERVICE, INC.



Principal Place of Business
**10143 STERN CIR
NAPLES FL 34109**

Mailing Address
**10143 STERN CIR
NAPLES FL 34109**

10078723



2. Principal Place of Business

3. Mailing Address

742 Granada St.

742 Granada St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. B

Apt. B

City & State

City & State

Ft. Pierce, Fl.

Ft. Pierce, Fl.

Zip

Country

Zip

Country

34949

USA

34949

USA

4. FEI Number **59-3541567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAY, GARY S
10143 STERN CIR
NAPLES FL 34109**

Name **Gary S. Day**

Street Address (P.O. Box Number is Not Acceptable)
742 Granada St Apt. B

City **Ft. Pierce**

FL

Zip Code **34949**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Day Gary S. Day/President**

4-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVP** ☐ Delete
NAME **DAY, GARY S**
STREET ADDRESS **10143 STERN CIR**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DPVP** ☒ Change ☐ Addition
NAME **Day, Gary S.**
STREET ADDRESS **742 Granada St. Apt. B**
CITY-ST-ZIP **Ft. Pierce, Fl. 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Day Gary S. Day/President** **4-15-03** **772-461-5279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)