

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101149

1. Entity Name

J.C. APPRAISAL SERVICE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90186 002 ***150.00

Principal Place of Business

Mailing Address

2334 S CONWAY RD
APTE #M
ORLANDO FL 32812-8302

P.O. BOX 570980
ORLANDO FL 32857-0980
US

2. Principal Place of Business

10757 Brown Trout Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 780065

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825-4862

Country

Orange

City & State

Orlando, FL

Zip

32878-0065

Country

Orange

4. FEI Number

59-3545838

Applied For

Not Applicable

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

SOLA, JUAN C

2334 S. CONWAY RD., APT. M
ORLANDO FL 32812

Name

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

10757 Brown Trout Circle

Orlando

FL

32825-4862

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

4/6/00

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	ACEVEDO, WANDA	2334 S CONWAY RD, APT #M	ORLANDO FL 32812-8302	<input type="checkbox"/>
P	SOLA, JUAN C	2334 S CONWAY RD, APT. #M	ORLANDO FL 32812-8302	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	SOLA, WANDA	10757 Brown Trout Circle	Orlando, FL 32825-4862	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	SOLA, JUAN C	10757 Brown Trout Circle	Orlando, FL 32825-4862	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4/6/00

407-208-7592

CR2E034 (9/99)