

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90138 033 ***150.00

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DOCUMENT # P99000000754

1. Entity Name

CAROLYN DAVIS REAL ESTATE APPRAISALS INC.



Principal Place of Business
**7461 WEST COUNTRY CLUB DR NORTH,
APT 101
SARASOTA FL 34243**

Mailing Address
**7461 WEST COUNTRY CLUB DR NORTH,
APT 101
SARASOTA FL 34243**



2. Principal Place of Business

4757 Oak Run Dr.
Suite, Apt. #, etc.

3. Mailing Address

4757 Oak Run Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number **65-0884750**

Applied For
Not Applicable

Zip **34243**

Country **USA**

Zip **34243**

Country **USA**

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

**DAVIS, CAROLYN
7461 WEST COUNTRY CLUB DR NORTH, APT #101
SARASOTA FL 34243**

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

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CAROLYN 7461 W. COUNTRY CLUB DR. APT. 101 SARASOTA FL 34243	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)