## FILED May 09, 2002 8:00 am Secretary of State

Daytime Phone #

FOR PRO	OFIT COR	PORATIO	N
UNIFORM BU	JSINESS I	REPORT	(UBR)

UNIFORM BUSINESS REPORT (UBR)			05-09-2002 90031 008 ***150.00	
DOCUMENT # P990	00001126			
MID FLORIDA A	PPRAISERS	INC.		
DO NOT WRIT	TE IN THIS S	PAGE	·	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #. etc. 416 Bobbl BlvD City & State	Suite, Apt. #, etc. 4/6 Bo 6/	EN BIVES	DO NOT WRITE IN THIS SP	ACE
LAKELAND FL	City & State	AND	4. FEI Number	Applied For
33803 Country USA	33 % o 3	Country Sp.	5. Certificate of Status Desired \$ 5.	Not Applicable  8.75 Additional se Required
er en		Name	7. Name and Address of Current Registered A	gent
DO NOT V	NRITE	FLL	ERBA MARIC	<u> </u>
Street Address (P		P.O. Box Number is Not Acceptable)		
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	on Tourney (1966) on the Charles of	City LAK	KLAND FL	Zíp Code
8. The above named entity submits this statemen	nt for the purpose of changing its	s registered office or registere	ed agent, or both, in the State of Florida.	3370
SIGNATURE				
Signature, typed or printed name of registered ag		E: Registered Agent signature required v	when reinstating) . DATE	
<ol> <li>This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so.</li> </ol>	After May	May 1 Fee Is \$150,00 1, Fee Is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)	Make Check Payat	d UBR is \$61.25 ble to Department of State	Trust Sund Contribution	Added to Fees
11. OFFICERS AN	VD DIRECTORS	ing in the second second second		
NAME MARK L. ELLE	RBE	NAME:	and the second that is the second that the second s	107
STREET ADDRESS 416 BOKER BLU CITY-ST-ZIP LAKELAND		STREET ANDRESS		E B
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CITY-SI-ZIP LAKELANDE	C 37201	STREET ADDRESS	E. CHOPOPOS (1994) - 1994 CARO (1996) (1996) (1997) - CHOPOS (1994) (1998) (1997) (1997) (1997) (1997)	
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CTY-ST-ZIP TITLE		CITY ST. WP 1888	DO NOT WRITI	
NAME		TITLE TOUR OF SERVICE SERVICES	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP		STRILLI ADDRESS	en op i Priol die gestelle ge De gestelle	
TITLE		CITY ST #PATE CAREERS		
NAME STREET ADDRESS		NAME:	a nga padi jalawa na Interpreta na Ingga pada. Padi padi anga pada anga pada na mangana na Mar	
CITY - ST - ZIP		STREET ADDRESS	in de la fill de la	
NTLE >> * -		United the second statement of	<u>ar in translatur e sa tra e se anten an intendado da parte sa in</u> A <b>n Al Paula, 143</b> , 2011, 1220, 1231, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 1331, 133	
YAME STREET ADDRESS		NAME	andres de la companya de la company La companya de la co	
YY-ST-ZIP		STRE I ADORESS CITY: ST: ZP	anger angepakt septimost propins upply anger Mangagaran	
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report in of the corporation of the report in the</li></ol>	h this filing does not qualify for t	he exemption stated in Section	in 119.07(3)(i), Florida Statutes. I further certify the legal effect as if made under oath; that I am an Florida Statutes: and that my agree of the legal that I am an Florida Statutes.	lat the information
or the corporation or the receiver or trustee emattachment with an address, with all other like el	powered to execute this report mpowered.	as required by Chapter 607, I	ne legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in 8	officer or director Block 11 or on an
SIGNATURE: Man	18Mm			
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	RORECTOR	Date Daytime	Phone #