

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000015947**

1. Entity Name

H & T Appraisal Services, Inc.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90064 017 ***150.00

Principal Place of Business

Mailing Address

C/O JAMES TOMLINSON
1864 N.E. 46 ST. #E-1
FT. LAUD., FL 33308

000296

2. Principal Place of Business

3. Mailing Address

1864 N.E. 46 ST #E-1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Lauderdale, FL

4. FEI Number

65-0895609

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

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

JOHN H. HULL
1925 N.E. 45 ST, SUITE 235
FT. LAUD., FL 33308

Name **JAMES TOMLINSON**

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

1864 N.E. 46 ST. #E-1

City

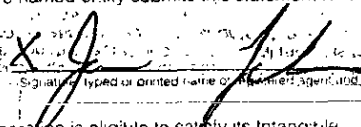
Fort. Laud.,

FL

Zip Code

33308

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  **JAMES TOMLINSON** **4/25/2000**

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

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 P** ☐ Delete
NAME **JAMES TOMLINSON**
STREET ADDRESS **1864 NE 46 ST. #E-1**
CITY-ST-ZIP **FT. LAUD., FL 33308**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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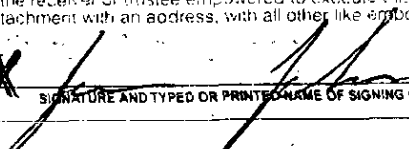
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

JAMES TOMLINSON,
PRES

Date

Daytime Phone #