2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90064 017 ***150.00

000296

DOCUMENT # P99000015947

1. Entity Name
H & T Appraisal Services, Inc.

Principal Place of Business

Mailing Address
c/o James Tomlinson
1864 N.E. 46 ST. #E-1
FT. Laud, Fl 33308

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
1864 N.E. 46 ST #E-1
Suite, Apt. #, etc.
City & State: Fort Lauderdale, Fl
Zip: 33308 | Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0895609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
John H. Hull
1925 N.E. 45 ST, Suite 235
FT. Laud, Fl 33308

7. Name and Address of New Registered Agent
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: X [signature] James Tomlinson 4/25/2000
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: James Tomlinson STREET ADDRESS: 1864 NE 46 ST. #E-1 CITY-ST-ZIP: FT. Laud, Fl 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: X [signature] James Tomlinson, Pres 4/25/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #