

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-10-2000 90133 018 ***150.00

DOCUMENT # P99000022137

1. Entity Name

MAHER APPRAISALS, INC.

Principal Place of Business

Mailing Address

3287 CABOT COVE RD
 NAVARRE FL 32566

3287 CABOT COVE RD
 NAVARRE FL 32566-9765

2. Principal Place of Business

3. Mailing Address

813 W. Government St
 Suite, Apt. #, etc.

813 W. Government St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pensacola FL

Pensacola; FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

32501

USA

32501

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHER, KAREN P
 3287 CABOT COVE RD
 NAVARRE FL 32566

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.

SIGNATURE

Karen P. Maher Vice President

4-28-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Kevin Maher	813 W. Government Street	Pensacola, FL 32501	<input type="checkbox"/>
Vice President	Karen Maher	813 W. Government Street	Pensacola, FL 32501	<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
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: *Karen P. Maher*

4-28-2000

850-437-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #