

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91336 008 ***150.00

00054043.

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99000025198																																			
1. Entity Name Florida Associated Appraisers, Inc.																																			
Principal Place of Business		Mailing Address																																	
2. Principal Place of Business 6519 Senegal Palm way		3. Mailing Address 6519 Senegal Palm Way																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State Apollo Beach, FL		City & State Apollo Beach, FL																																	
Zip 33572	Country	Zip 33572	Country																																
4. FEI Number 59-3574453		Applied For ☐ Not Applicable																																	
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																																	
		Name Robert L. Crossman, Sr																																	
		Street Address (P.O. Box Number is Not Acceptable) 6519 Senegal Palm way																																	
		City Apollo Beach																																	
FL		Zip Code 33572																																	
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 Robert L. Crossman		DATE 4/26/01																																	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)																																	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW WITH FEE IS \$150.00 After MAY 1, 2001 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																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td> P Crossman, Robert L 6519 Senegal Palm Way Apollo Beach, FL 33572 </td> <td></td> </tr> <tr> <td> W Wood, Nancy K 9340 N 56th St - Ste 222 Temple Terrace, FL 33617 </td> <td style="text-align: center;">Delete ☒</td> </tr> <tr> <td> S Fletcher, James 9340 N. 56th St Tampa, FL 33617 </td> <td style="text-align: center;">Delete ☒</td> </tr> <tr> <td> </td> <td style="text-align: center;">Delete ☐</td> </tr> <tr> <td> </td> <td style="text-align: center;">Delete ☐</td> </tr> <tr> <td> </td> <td style="text-align: center;">Delete ☐</td> </tr> <tr> <td> </td> <td style="text-align: center;">Delete ☐</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	P Crossman, Robert L 6519 Senegal Palm Way Apollo Beach, FL 33572		W Wood, Nancy K 9340 N 56th St - Ste 222 Temple Terrace, FL 33617	Delete ☒	S Fletcher, James 9340 N. 56th St Tampa, FL 33617	Delete ☒		Delete ☐		Delete ☐		Delete ☐		Delete ☐	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐														
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CR2E034 (11/00)

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:

Robert L. Crossman

4/26/01

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #