

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032028

1. Entity Name

GUINN APPRAISAL & CONSULTING SERVICES, P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90050 038 \*\*\*150.00

Principal Place of Business

Mailing Address

5425 S. SEMORAN BLVD.,STE.1-A  
ORLANDO FL 32822

5425 S. SEMORAN BLVD.,STE.1-A  
ORLANDO FL 32822-1751

2. Principal Place of Business

3866 RUNNING WATER DR.

3. Mailing Address

3866 RUNNING WATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLA

City & State

ORLAND, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

Country

32829

U.S.A.

Zip

Country

32829

U.S.A.

4. FEI Number

59-3575416

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

GUINN, JOHN F  
5425 S. SEMORAN BLVD.,STE.1-A  
ORLANDO FL 32822

Name GUINN, JOHN F.

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

3866 RUNNING WATER DR.

City ORLANDO

FL

Zip Code 32829

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*John F. Guinn* (JOHN F. GUINN)

4/15/00

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 D  
NAME GUINN, JOHN F  
STREET ADDRESS 5425 S. SEMORAN BLVD.,STE.1-A  
CITY-ST-ZIP ORLANDO FL 32822 ☒ Delete

TITLE D  
NAME GUINN, JOHN F.  
STREET ADDRESS 3866 RUNNING WATER DR.  
CITY-ST-ZIP ORLANDO, FL 32829 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*John F. Guinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00

407-380-6939

CR2E034 (9/99)