

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060350

1. Entity Name

ADJUSTING, CONSULTING & ESTIMATING, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90017 035 \*\*\*150.00

Principal Place of Business

Mailing Address

606 SHOREWOOD DRIVE UNIT C301  
CAPE CANAVERAL FL 32920

606 SHOREWOOD DRIVE UNIT C301  
CAPE CANAVERAL FL 32920-5084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6811 N. ATLANTIC AVE.

3. Mailing Address

125 WEST LEON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

CAPE CANAVERAL, FL.

City & State

COCOA BEACH, FL.

Zip

Country

32920

USA

Zip

Country

32931

USA

4. FEI Number

59-3590438

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

PRIEST, FRANK  
606 SHOREWOOD DRIVE UNIT C301  
CAPE CANAVERAL FL 32920

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

*Frank Priest*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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 ☐ Delete  
NAME D  
STREET ADDRESS PRIEST, FRANK  
CITY-ST-ZIP 606 SHOREWOOD DRIVE UNIT C301  
CAPE CANAVERAL FL 32920

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS PRIEST, FRANK  
CITY-ST-ZIP 6811 N. ATLANTIC AVE  
SUITE B.  
CAPE CANAVERAL, FL. 32920

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PRIEST, SUSAN  
CITY-ST-ZIP 606 SHOREWOOD DRIVE UNIT C301  
CAPE CANAVERAL FL 32920

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS SUSAN PRIEST  
CITY-ST-ZIP 6811 N. ATLANTIC AVE. SUITE B  
CAPE CANAVERAL, FL. 32920

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Frank Priest*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 (321) 799-9955

CR2E034 (9/99)