

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90148 015 ***150.00

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1. Entity Name
A & M APPRAISALS, INC.



Principal Place of Business
6641 DOUGLAS ST
HOLLYWOOD FL 33024

Mailing Address
6641 DOUGLAS ST
HOLLYWOOD FL 33024



2. Principal Place of Business
9260 NW 25 St.

3. Mailing Address
9260 NW 25 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33322

Country

Zip
33322

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0937600

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

GAY, MICHAEL
6641 DOUGLAS ST
HOLLYWOOD FL 33024

Name

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

9260 NW 25 St.

City

Sunrise

FL

Zip Code

33322

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GAY, MICHAEL
STREET ADDRESS 6641 DOUGLAS ST
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 NW 25 St.
CITY-ST-ZIP Sunrise, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL GAY

1-15-03

Date

954 970 5203

Daytime Phone #

CR2E034 (10/02)