

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0518876 AV

DOCUMENT # P99000071584

1. Entity Name
SHINDELAR APPRAISAL SERVICES, INC.



FILED

03 JUL 14 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1209 NE 18TH PLACE
CAPE CORAL FL 33909

Mailing Address
1209 NE 18TH PLACE
CAPE CORAL FL 33909



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0958194

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHINDELAR, H. RICHARD
1209 NE 18TH PLACE
CAPE CORAL FL 33909

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

SIGNATURE _____ (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 D ☐ Delete
NAME SHINDELAR, RICHARD S
STREET ADDRESS 1209 NE 18TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200021564772
CITY-ST-ZIP 07/15/03--01021--016 **150.00

TITLE VP ☐ Delete
NAME SHINDELAR, RICHARD H
STREET ADDRESS 1209 NE 18TH PL
CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE ST ☐ Delete
NAME SHINDELAR, VERA I
STREET ADDRESS 1209 NE 18TH PL
CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE ☐ Delete
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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: *Vera Shindelar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03

239-574-7354

Date Daytime Phone #

CR2E034 (10/02)

Attachment #

SHINDELAR APPRAISAL SERVICES

1209 NE 18TH PLACE
CAPE CORAL, FL. 33909
PHONE 941-574-7354 FAX 941-574-9038

July 9, 2003

P990000071584

Re: Uniform Business Report 2003

To Whom It is Concerned:

I am late in filing this report due to serious illness. After talking with your office - I was told to write this letter and send a check for \$150.⁰⁰ which is enclosed.

Thank you.

Tera J. Shindelar
Sey Treas.