

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90103 021 ***150.00

DOCUMENT # P99000093398

1. Entity Name
DIGITAL APPRAISALS, INC.



Principal Place of Business
441 S. STATE ROAD 7. 19B
MARGATE FL 33068

Mailing Address
441 S. STATE ROAD 7. 19B
MARGATE FL 33068

2. Principal Place of Business

541 S. State Rd 7, #9

Suite, Apt. #, etc.

#9

City & State
Margate FL 33068

Zip
33068

Country
U.S.

3. Mailing Address

541 S State Rd 7

Suite, Apt. #, etc.

#9

City & State
Margate FL 33068

Zip
33068

Country
U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0958504**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THELWELL, RICHARD
541 S. STATE RD 7, #9
MARGATE FL 33068

7. Name and Address of New Registered Agent

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input type="checkbox"/> Delete	
	THELWELL, RICHARD				
	541 S. STATE RD 7, #9				
	MARGATE FL 33068				
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/02)