

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S28357

FILED

03 AUG -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # S28357

1. Entity Name
PROPERTY ASSESSMENTS CONSULTANTS, INC.



Principal Place of Business
**10619 MAPLE CHASE DRIVE
BOCA RATON FL 33498
US**

Mailing Address
**10619 MAPLE CHASE DRIVE
BOCA RATON FL 33498
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0305596**

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
**SCARBOROUGH, SHERI A.
10619 MAPLE CHASE DR
BOCA RATON FL 33498**

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	PTSV SCARBOROUGH, SHERYL A 10619 MAPLE CHASE DR BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022061992 08/05/03--01008--018 **400.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other like empowered.

SIGNATURE: *[Signature]* **4-26-03 471-9555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0438730 AV

CR2E034 (10/02)

21 8/1/03