

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

PENDING
S34986

DOCUMENT # 534986

1. Entity Name
*American International Appraisers
+ Joseph Shrinia Auction Co.*



FILED

SEP 22 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55055797

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 W. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address
40 W. Colonial Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32801
Country
Orange

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Orlando FL
Zip
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4. FEI Number
59-3061740

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Ed Cooley*

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

1450 State Road 434 Suite 200

City *Longwood* FL Zip Code *32750*

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 *Same*

(NOTE: Registered Agent signature required when renouncing)

700023241797

09/22/03--01085--006 **\$1.25

DATE

January 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.P. UPSY Kathleen Shaia 606 West Oak Lane Longwood, FL 32779</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-03

Date

907-461-035

Daytime Phone #

CR2E034B (12/02)