

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90028 001 \*\*\*150.00

**DOCUMENT # S55258**

1. Entity Name

**DEANGELIS APPRAISAL & CONSULTING SERVICES, INC.**

Principal Place of Business

Mailing Address

202-C GEORGETOWN DR.  
 CASSELBERRY FL 32207  
 US

~~202-C GEORGETOWN DR.~~  
~~P.O. BOX 909~~  
 CASSELBERRY FL 32207  
 US

2. Principal Place of Business

3. Mailing Address

*202 - Georgetown Drive*

*PO Box 909*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Casselberry FL*

*Winter Park FL*

Zip

Country

Zip

Country

*32707*

*Seminole*

*32790*

*Orange*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANGELIS, NICHOLAS  
 202-C GEORGETOWN DR.  
 CASSELBERRY FL 32707

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.

SIGNATURE

*Nicholas DeAngelis*

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/9/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PST**  
**DEANGELIS, NICHOLAS**  
**202-C GEORGETOWN DR.**  
**CASSELBERRY FL 32707**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**DEANGELIS, NICHOLAS**  
**202-C GEORGETOWN DR.**  
**CASSELBERRY FL 32707**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nicholas DeAngelis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/9/01 405-339-5561*

CR2E034 (10/00)