

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90041 007 \*\*\*150.00

0266102 AV

**DOCUMENT # S99517**

1. Entity Name  
**JENKINS APPRAISAL SERVICES, INC.**

Principal Place of Business  
**5730 CORPORATE WAY**  
**SUITE 120**  
**WEST PALM BEACH FL 33407-2032**  
**US**

Mailing Address  
**67 DUNBAR RD E**  
**PALM BEACH GARDENS FL 33418-6815**  
**US**

2. Principal Place of Business

3. Mailing Address

**5730 Corporate Way**  
 Suite, Apt. #, etc.  
**Suite 120**

City & State

City & State  
**West Palm Beach, FL**

Zip

Country

Zip  
**33407-2032**

Country  
**US**

4. FEI Number

**65-0304203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, JOHN A.**  
**67 DUNBAR ROAD EAST**  
**PALM BEACH GARDENS FL 33418**

Name **John A. Jenkins**  
 Street Address (P.O. Box Number is Not Acceptable)

**5569 Cypress Tree Court**  
 City **Palm Beach Gardens** **FL** Zip Code **33418-4546**

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

Signature, typed or printed name of registered agent and title if applicable.

**John A. Jenkins Exec U.P.**

DATE

**4/26/02**

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, DIANE E</b>	
STREET ADDRESS	<b>67 DUNBAR RD E</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, JOHN A</b>	
STREET ADDRESS	<b>67 DUNBAR ROAD EAST</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5569 Cypress Tree Court</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5569 Cypress Tree Court</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**John A. Jenkins**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/02** **561 640 4059**

CR2E034 (9/01)