

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90218 040 ***150.00

DOCUMENT # V00279

1. Entity Name
MOFFITT CERTIFIED APPRAISALS, INC.

Principal Place of Business

101 N FEDERAL HWY
 HALLANDALE FL 33009

Mailing Address

101 N FEDERAL HWY
 HALLANDALE FL 33009

902811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3120 W. Hallandale Beach Blvd.
 Suite, Apt. #, etc. **#225**

3. Mailing Address

3120 W. Hallandale Beach Blvd.
 Suite, Apt. #, etc. **#225**

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

Zip

33009

Country

4. FEI Number

65-0302262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, JOSLYN M.
101 N FEDERAL HWY
HALLANDALE FL 33009

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	PERKINS, JOSLYN M	
STREET ADDRESS	101 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERKINS, RUTH ANN	
STREET ADDRESS	215 NE 2ND ST	
CITY-ST-ZIP	HALLANDALE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3120 W. Hallandale Beach Blvd #225
STREET ADDRESS	Hallandale, Fl. 33009
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3120 W. Hallandale Beach Blvd. #225
STREET ADDRESS	Hallandale, Fl. 33009
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

954-962-1076

Daytime Phone #

CR2E034 (10/00)