

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90009 001 ***150.00

DOCUMENT # V00279

1. Entity Name

MOFFITT CERTIFIED APPRAISALS, INC.

Principal Place of Business

**3120 W HALLANDALE BEACH BLVD
 #225
 HALLANDALE FL 33009**

Mailing Address

**3120 W HALLANDALE BEACH BLVD
 #225
 HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

Name

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

3120 W. HALLANDALE BEACH BLVD.

#225

City

HALLANDALE

FL

Zip Code

33009

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.

(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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPS
 PERKINS, JOSLYN M
 3120 W HALLANDALE BEACH BLVD #225
 HALLANDALE FL 33009** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 PERKINS, RUTH ANN
 3120 W HALLANDALE BEACH BLVD #225
 HALLANDALE FL 33009** ☐ Delete

TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)