2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003
Secretary of State

DOCUMENT# P02000038818

Entity Name: NICKERSON APPRAISALS INC.

Current Principal Place of Business:

1006 SHOREWINDS DR.
FT. PIERCE, FL 34949

New Principal Place of Business:

1006 SHOREWINDS DR.
#C
FT. PIERCE, FL 34949

Current Mailing Address:

1006 SHOREWINDS DR.
FT. PIERCE, FL 34949

New Mailing Address:

1006 SHOREWINDS DR.
#C
FT. PIERCE, FL 34949

FEI Number: 04-3636436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKERSON, JOHN
1006 SHOREWINDS DR.
FT. PIERCE, FL 34949

Name and Address of New Registered Agent:

NICKERSON, JOHN
1006 SHOREWINDS DR.
#C
FT. PIERCE, FL 34949

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: JOHN NICKERSON 03/21/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICKERSON, JOHN
Address: 1006 SHOREWINDS DR.
City-St-Zip: FT. PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NICKERSON PD 03/21/2003
Electronic Signature of Signing Officer or Director — Date