2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **F53583** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name FIDELITY REALTY & APPRAISAL SERVICE, INC. 04-20-2000 90007 011 ***150.00 Principal Place of Business Mailing Address 210 S. OLIVE AVE 205 DATURA ST WEST PALM BEACH FL 33401-5618 STF 200 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business 205 DATURA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. STE 200 City & State City & State 4. FEI Number Applied For 59-2139266 GEACH. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONALD, J. ROBERT Street Address (P.O. Box Number is Not Acceptable) 205 DATURA ST **STE 200** WEST PALM BEACH FL 33401 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITI F TITLE MCDONALD, J ROBERT NAME 205 DATURA ST., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 ☐ Change Addition TITLE ☐ Delete TITLE ELHILOW, VINCE A NAME NAME 230 ELLAMAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BOVA, JOSEPH C NAME NAME STREET ADDRESS 713 JACANA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Change ☐ Addition Delete TITLE TITLE SHEAROUSE, JOS B NAME NAME STREET ADDRESS 6608 PAMELA LANE STREET ADDRESS WEST PALM BEACH FL CITY-ST-782 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MOREHEAD, JAMES M. NAME NAME 124 COSTELLO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl ☐ Addition ☐ Change ☐ Delete TITLE TITLE HICKMAN, MARIE S. NAME NAME 1167 CHERLYNN TERRACE STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

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