

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F53583**1. Entity Name
FIDELITY REALTY & APPRAISAL SERVICE, INC.

Principal Place of Business	Mailing Address
205 DATURA ST	205 DATURA ST
STE 200	STE 200
WEST PALM BEACH	WEST PALM BEACH
33401	33401
US	FL

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
59-2139266

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MCDONALD, J. ROBERT**
205 DATURA ST
STE 200
WEST PALM BEACH
33401
FL**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 **J. ROBERT MCDONALD****04/16/2001**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	AV	<input type="checkbox"/> Delete
NAME	HICKMAN, MARIE S.	
STREET ADDRESS	1167 CHERLYNN TERRACE	
CITY-ST-ZIP	W. PALM BEACH	FL
TITLE	VST	<input type="checkbox"/> Delete
NAME	MOREHEAD, JAMES M.	
STREET ADDRESS	124 COSTELLO ROAD	
CITY-ST-ZIP	WEST PALM BEACH	FL
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEAROUSE, JOS B	
STREET ADDRESS	6608 PAMELA LANE	
CITY-ST-ZIP	WEST PALM BEACH	FL
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVA JOSEPH C	
STREET ADDRESS	713 JACANA WAY	
CITY-ST-ZIP	NORTH PALM BEACH	FL 33408
TITLE	D	<input type="checkbox"/> Delete
NAME	ELHILOW, VINCE A	
STREET ADDRESS	230 ELLAMAR ROAD	
CITY-ST-ZIP	WEST PALM BEACH	FL
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDONALD, J ROBERT	
STREET ADDRESS	205 DATURA ST., STE 200	
CITY-ST-ZIP	W PALM BEACH	FL 33401

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
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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: J. Robert McDonald

DP

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)