

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000585

1. Entity Name

RUSH APPRAISAL SERVICE INCORPORATED

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90110 044 ***150.00

Principal Place of Business

200 W CAMINO REAL
 SUITE U
 BOCA RATON FL 33432
 US

Mailing Address

21111 N ESCONDIDO WAY
 SUITE 21
 BOCA RATON FL 33433-2520
 US

2. Principal Place of Business

4400 N. FEDERAL Hwy
 Suite, Apt. #, etc.
 Suite 17

3. Mailing Address

5252 Via de Amalfi
 Suite, Apt. #, etc.

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

Zip Country
 33431 USA

Zip Country
 33496 USA

4. FEI Number 36-3884202

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MALY, CHRISTINE M
 21111 N ESCONDIDO WAY
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name JERRY E. MALY
 Street Address (P.O. Box Number is Not Acceptable)
 5252 Via de Amalfi Drive
 City BOCA RATON FL Zip Code 33496

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 JERRY E. MALY / VP DATE 4-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 P
 NAME MALY, JERRY E
 STREET ADDRESS 21111 N ESCONDIDO WAY
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME JERRY E. MALY ☒ Change ☐ Addition
 STREET ADDRESS 5252 Via de Amalfi Drive
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 561-447-4404
 Date Daytime Phone #

CR2E034 (9/99)