## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **J12600** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** C & M REAL ESTATE & APPRAISAL SERVICES, INC. 03-28-2000 90045 012 \*\*\*150.00 Mailing Address Principal Place of Business 500-S -- CYPRESS-RD: STE 10 500-S-CYPRESS-RD: STE-10 POMPANO BCH. FL 33060-7141 POMPANO-BCH::Ft:33060 3. Mailing Address 2. Principal Place of Business P.O. <u>Bo</u>y 3681 SE 1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2697776 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 HORTON, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2650 S.E. 4TH STREET POMPANO-BEACH-FL-33062 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Change Addition TITLE DP Delete TITLE NAME HORTON, R. MICHAEL NAME 2681 SE Delong Rd Port St. Lucie, Fla. 34952 STREET ADDRESS STREET ADDRESS 2650 S.E.-4TH-ST. CITY-ST-7IP CITY-ST-71P ROMPANO-BCH FL ☐ Addition Delete TITLE NAME HORTON, CAROL J. 2681 SE Delong Rd. STREET ADDRESS STREET ADDRESS 2650-S.E. 4TH-STREET CITY-ST-ZIP 3495 CITY-ST-ZIP POMPANO-BEACH-FL ☐ Addition De lete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS 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.