2000 UNIFORM BUSINES'S REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # J50928** 1. Entity Name CENTRAL FLORIDA APPRAISAL SERVICE, INC. 03-21-2000 90036 036 ***150.00 Principal Place of Business Mailing Address 140 N ORLANDO AVENUE 140 N ORLANDO AVENUE SUITE 290 SUITE 200 WINTER PARK FL 32789-3679 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2754554 Not Applicable Zip Country Zip Country \$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 BALDWIN, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 140 N. ORLANDO AVE SUITE 290 WINTER PARK FL 32789 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ☐ Defete BALDWIN, JOHN H. NAME STREET ADDRESS 704 VIA BELLA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 apachment with an address with all other like empowered.

SIGNATURE: *

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #