

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90073 039 \*\*\*150.00

**DOCUMENT # M82414**

Entity Name  
**MICHAEL J. KAVANAGH APPRAISERS, INC.**

Principal Place of Business Mailing Address  
**BOCA RATON BLVD. 2840 BOCA RATON BLVD.**  
**103 SUITE 103**  
**BOCA RATON FL 33431 BOCA RATON FL 33431-6655**  
**US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address  
**2840 NW BOCA RATON BLVD 2840 NW BOCA RATON BLVD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 103 Suite 103**  
 City & State City & State  
**BOCA RATON, FL BOCA RATON, FL**  
 Zip Country Zip Country  
**33431 USA 33431 USA**

4. FEI Number **65-0051486** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAVANAGH, MICHAEL**  
**2840 W. BOCA RATON BLVD.**  
**STE 103**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2840 NW BOCA RATON BLVD.**  
**Ste 103**  
 City State Zip Code  
**BOCA RATON, FL FL 33431**

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: Michael J. Kavanagh (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<b>D</b> <b>KAVANAGH, MICHAEL J.</b> <b>750 SW 5TH STREET</b> <b>BOCA RATON FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael J. Kavanagh **FILED** DATE: 4/22/00 Daytime Phone #: 561-750-0892

CR2E034 (9/99)