

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90158 040 ***150.00

DOCUMENT # P00000011032

1. Entity Name
MARKET VALUE, INC.

DO NOT WRITE IN THIS SPACE

10075660

2. Principal Place of Business 112 WEST ADAMS ST. Suite, Apt. #, etc. SUITE 1700 City & State JACKSONVILLE, FLORIDA Zip 32202		3. Mailing Address 112 WEST ADAMS ST. Suite, Apt. #, etc. SUITE 1700 City & State JACKSONVILLE, FLORIDA Zip 32202	
Country USA		Country USA	

4. FEI Number 36-4352401	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN H WILBUR
Street Address (P.O. Box Number is Not Acceptable) 112 WEST ADAMS ST., SUITE 1700
City JACKSONVILLE FL Zip Code 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature: typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME SANDRA L. RUDER STREET ADDRESS 4918 RIVERCHASE LANE CITY - ST - ZIP PARKVILLE, MO 64152	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra L Ruder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

(816) 746-1020

Daytime Phone #

CR2E034B (12/02)