FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P00000024726 1. Entity Name CASEY'S APPRAISAL SERVICES, INC. 04-14-2001 90042 042 ***150.00 Mailing Address Principal Place of Business 1313 BAYSHORE DR. 1313 BAYSHORE DR. COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASEY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1313 BAYSHORE DR. COCOA BEACH FL 32931 Zip Code City 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 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Change ☐ Addition Delete TITLE CASEY, CYNTHIA L NAME NAME STREET ADDRESS 1313 BAYSHORE DR. STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-\$T-ZIP TITLE Change ☐ Addition TITLE ☐ Detete CASEY, RONALD J NAME NAME STREET ADDRESS 1313 BAYSHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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.