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FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State P00000024726 DOCUMENT # 1. Entity Name 04-09-2002 90062 021 ***150.00 CASEY'S APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address 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 City & State Applied For 4. FEI Number 59-3633196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASEY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1313 BAYSHORE DR. COCOA BEACH FL 32931 Zip Code FL 8. The algove 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) DATE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME CASEY, CYNTHIA L NAME STREET ADDRESS STREET ADDRESS 1313 BAYSHORE DR. CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE CASEY, RONALD J NAME NAME STREET ADDRESS STREET ADDRESS 1313 BAYSHORE DR. 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.