9/19/01-90162-050-$550.00-$550.00

0003724 AV

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088933

1. Entity Name
APPRAISAL GROUP & ASSOCIATES, INC.

FILED
01 OCT 22 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD., STE. 147 JACKSONVILLE FL 32225	9951 ATLANTIC BLVD., STE. 147 JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9951 ATLANTIC	9957 ATLANTIC
Suite, Apt. #, etc.: BLVD SUITE 147	Suite, Apt. #, etc.: BLVD SUITE 147
City & State: JACKSONVILLE	City & State: JAX, FL
Zip: FL Country: DUVAL	Zip: 32225 Country: DUVAL

4. FEI Number: 59-3662628 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADEGBAYIBI, ADE
9951 ATLANTIC BLVD., STE. 147
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADE ADEGBAYIBI - PRESIDENT 9951 ATLANTIC BLVD ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUITE 147 JAX FL 32225 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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.

SIGNATURE: ________ SIGNATURE REQUIRED — SEPT 11, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #