FILED

2003 FOR PROFIT CORPORATION

Apr 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000000968 DOCUMENT # 04-30-2003 90149 042 ***150.00 1. Entity Name APPRAISAL ONE OF POLK COUNTY, INC. Principal Place of Business Mailing Address 1185 STATE ROAD 540 1185 STATE ROAD 540 WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address 3800 Thornhill Rd 3800 Thornh Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Winter City & State 4. FEI Number Applied For 59-3689379 Hove Howen inter Not Applicable 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 Percz PEREZ, FELIX E JR Street Address (P.O. Box Number is Not Acceptable) 400 HILL CREST DRIVE S.E. WINTER HAVEN FL 33884 3800 Thonhill Road Haven 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. FELEX PEXEZ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9." Election Campaign Financing \$5:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Perez, Felix PEREZ, FELIX NAME NAME 3800 Thornhill Road 400 HILLCREST DRIVE SE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 Winter Hoven. PL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition Janet E Perez NAME PEREZ. JANET E NAME 3000 Thornhill Road Winter Haven The 3 STREET ADDRESS 400 HILL CREST DRIVE STREET ADDRESS WINTER HAVEN FL-33884 CITY_ST_ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REOLFEGER PERGE JR

Daytime Phone #