2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000006547 FILED 1. Entity Name VALU-RITE APPRAISALS: INC... 02 OCT 24 PM 6: 24 Principal Place of Business Mailing Address SEDMETARY OF STATE TALLAHASSEE, FLORIDA 1303 N. STATE RD. 7. SUITE B-1 5379 LYONS RD., PMB 211 MARGATE FL 33063 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address REINSTATEMENT Suite, Apt. #, etc. # City & State City & State Applied For 65-1079626 Mar.ga Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKNER, ANDREW L Street Address (P.O. Box Number is Not Acceptable) 5511 WINSTON PARK BLVD. N., #104 **COCONUT CREEK FL 33073** Zip Code 8. The above named entity-subnits this statement for the our pose 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 SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE M Change Addition BUCKNER, ANDREWL 5112 Woodfield Way NAME BUCKNER, ANDREW L NAME STREET ADDRESS 5511 WINSTON PARK BLVD. N., #104 STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME 900008804699 STREET ADDRESS STREET ADDRESS 11/05/02--01047--026 **750.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 app 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 trusted 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

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