

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000108467

FILED
Oct 28, 2008
Secretary of State

Entity Name: BOLD CITY APPRAISAL SERVICE, INC.

Current Principal Place of Business:

2604 HYDE PK RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

1860E COPPERSTONE DR.
FLEMING ISLAND, FL 32003

Current Mailing Address:

2604 HYDE PK RD
JACKSONVILLE, FL 32210

New Mailing Address:

1860E COPPERSTONE DR.
FLEMING ISLAND, FL 32003

FEI Number: 20-1451879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSHANE, WILLIAM H
2604 HYDE PK RD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

DUSHANE, WILLIAM H
1860E COPPERSTONE DR.
FLEMING ISLAND, FL 32003 US

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: WILLIAM H DUSHANE

10/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUSHANE, WILLIAM H
Address: 2604 HYDE PK RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: DUSHANE, CHARLOTTE Y
Address: 2604 HYDE PK RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: DUSHANE, WILLIAM C
Address: 2604 HYDE PK RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Delete
Name: DUSHANE, CATHERINE
Address: 2604 HYDE PK RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUSHANE, WILLIAM H
Address: 1860E COPPERSTONE DR.
City-St-Zip: FLEMING ISLAND, FL 32003

Title: TD (X) Change () Addition
Name: DUSHANE, CHARLOTTE Y
Address: 1860E COPPERSTONE DR.
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VPD (X) Change () Addition
Name: DUSHANE, CATHERINE M
Address: 1872 SHERWOOD DR.
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H DUSHANE

PD

10/28/2008

Electronic Signature of Signing Officer or Director

Date