2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P92000002645** REGIONAL APPRAISERS & CONSULTANTS, INC. 05-08-2000 90132 004 ***150.00 Principal Place of Business Mailing Address JARR EL PINE WAY P.O. BOX 30924 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420-0924 US 2. Principal Place of Business 3. Mailing Address 5 Ho Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0371990 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, BRIAN Street Address (P.O. Box Number is Not Acceptable) 5179 EL PINE WAY PALM BEACH GARDENS FL 33418 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition TITLE ☐ Delete GORDON, BRIAN NAME 5179 EL PINE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM BEACH GARDENS FL 33418 Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 supplier/ental 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 of 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 13. I hereby certify that the inform@ of the corporation or the receive an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition