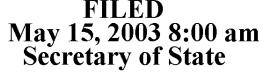
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P92000015404 DOCUMENT # 1. Entity Name



5-15-2003 90122 022 ***150.00 COLLINS APPRAISAL SERVICE, INC. Principal Place of Business Mailing Address 409 MONTGOMERY RD 409 MONTGOMERY RD **UNIT 161** LINIT 161 ALTAMONTE SPGS FL 32714 ALTAMONTE SPGS FL 32714 US US, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #; etc. CHECK HERE IF MAKING CHANGES . City & State City & State 4. FEI Number Applied For 59-3158148 Not Applicable Zip Country Zip 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 Name COLLINS, WALTER G Street Address (P.O. Box Number is Not Acceptable) 1670 OVERLOOK RD. LONGWOOD FL 32750 City 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. I am familiar with, and accept the obligations of registered agent. 4-15-03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE Delete NAME COLLINS, WALTER G NAME 1670 OVERLOOK RD. STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME **COLLINS, PATRICIA A** NAME 1670 OVERLOOK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LONGWOOD FL CITY-ST-ZIP T(T) F 🔲 Delete - 🗕 -Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 including provided.

SIGNATURE:

Daylime Phone