2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED DOCUMENT # **P93000044465** Mar 06, 2000 8:00 am **Secretary of State** ROLLINS APPRAISALS, INC. 03-06-2000 90064 043 ***150.00 Mailing Address Principal Place of Business 11419 - 47TH AVENUE NORTH 11419 - 47TH AVENUE-NORTH ST. PETERSBURG FL 33708-2703 ST. PETERSBURG FL 33708 3. Mailing Address 2738 ROOSEVELT BLVD. 2. Principal Place of Business 2738 ROOSEVELT BUD. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3185193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33760 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROLLINS, RICHARD E 11419 -- 47TH AVENUE NORTH ... ST_PETERSBURG-FL-33708 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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: □ Delete TITLE TITLE ROLLINS, RICHARD E NAME 2738 ROOSEVELT BLVD. #904 NAME STREET ADDRESS STREET ADDRESS 11419 - 47TH AVENUE NORTH CLEARWARK, FL 33760 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all officer in the empowered.