2000 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2000 08:00 AM DOCUMENT # **P95000059697** 1. Entity Name **Secretary of State** BDS APPRAISERS, INC. Principal Place of Business Mailing Address 2008 IOWA AVE NE 877 EXECUTIVE CENTER DR. W. SUITE 303 ST PETERSBURG ST. PETERSBURG FL FL 33703 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3331505 Not Applicable Zip Country 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 MASCARA GLADES BUILDING, SUITE 303 Street Address (P.O. Box Number is Not Acceptable) 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FLZip 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. 03/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVPS Delete TILE DVPS X Change ☐ Addition LEO A. SOUCY NAME SOUCY LEO STREET ADDRESS 2008 IOWA AVE NE STREET ADDRESS 2008 IOWA AVE NE CITY-ST-ZIP 33703 ST. PETERSBURG CITY-ST-ZIP ST. PETERSBURG 33703 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME CLAUDIA M. SOUCY SOUCY CLAUDIA STREET ADDRESS 2008 IOWA AVE NE STREET ACCRESS 2008 IOWA AVE NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FI. 33703 ST. PETERSBURG FT. 33703 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 other like empowered.

CITY-ST-ZIP

CIONIATUDE. Claudia M. Saucy

CITY-ST-7IP

DDFC 02/29/200

FILED