

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90104250

DOCUMENT # P95000071544			
1. Entity Name AMERICAN ASSOCIATION OF BUSINESS VALUATION SPECIALISTS, INC.			
Principal Place of Business 644 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32301		Mailing Address 644 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3340408		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHINEHART, ROBERT S 644 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of opening its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Robert S Rhinehart</i>		DATE 4-22-03	
FEE: NOW \$150.00 May 1, 2003 Fee will be \$550.00 Make check payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	RHINEHART, ROBERT S		
STREET ADDRESS	644 CAPITAL CIRCLE NE		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	V	☐ Delete	
NAME	RHINEHART, RODEAN S		
STREET ADDRESS	2710 PINE RIDGE RD		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.			
SIGNATURE <i>Robert S Rhinehart</i>		DATE 4-22-03 878 3134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)