05/01/2002 11:01 9545874377 MCCLEARY & MCC

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000990

1. Entity Name
APPRAISAL WORKSHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22 Southeast 4th Street	22 Southeast 4th Street
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33432 Country:	Zip: 33432 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0630264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dehn, Joyce R.

Street Address (P.O. Box Number is Not Acceptable): 22 Southeast 4th Street Suite 210

City: Boca Raton, Florida FL Zip Code 33432

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	TITLE	
NAME	Dehn, Joyce R.	NAME	
STREET ADDRESS	22 Southeast 4th Street #210	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce R Dehn — Joyce R. Dehn — 5/1/2002 — 954-422-9643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #