2002 UNIFORM	BUSINESS	REPORT	(UBR
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1. Entity Na	JMENT # P970	00004361				FILED		
ONLINE APPRAISALS, INC.				02 SEP 18 AM 8: 23				
Principal Place of Business Mailing Address 126 WILSHIRE BLVD 126 WILSHIRE BLV STE 179 STE 179		126 WILSHIRE BLVD			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
•	RY FL-32707	CASSELBERRY FL 3270 US	7					
2. Principal	Place of Business	3. Mailing Address			1 IUBJIQUI 110 II		TAJUI DANK BIBOD KING	01401 1407 1001
Suite, Api	t. #, etc.	Suite, Apt. #, etc.			ı	DO NOT WRITE IN T	HIS SPACE	
City & Sta	ate	City & State			4. FEI Number 59	9-3436560		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ad	ditional
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Addre	ess of New Registe		
STUDEM	IAN, JAMES MICHAEL			·	O. Box Number is N	ot Apportable)	·	
	ITHILL WAY BERRY FL 32707			- Address (F.C	O. BOX NUMBER IS IN	or Acceptable)	7.11.	
OAGGELI	DENITT I C 02/0/		City		·		Zip Cod	P
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8. The above	e named entity submits this statement	for the purpose of changing it	ls registered office	or registered	agent, or both, in the	ne State of Florida. I	am familiar with.	and accept
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changing it	ls registered office	or registered	dagent, or both, in th	ne State of Florida. I	am familiar with,	and accept
8. The above the obligation of the statement of the state	ations of registered agent.		Is registered office				am familiar with,	and accept
SIGNATURE 9. This corp	Signature, typed or printed name of registered age operation is eligible to satisfy its Intangit	ont and title if applicable. (NC	TE: Registered Agent sig	nature required wh	nen reinstating)	o# Campaign Financing	ATE \$5.0	
SIGNATURE 9. This corp Tax filing (See crite	ations of registered agent. Signature, typed or printed name of registered age	ont and title if applicable. (NC ole FILE NOW After September 1	TE: Registered Agent sig VIII FEE IS \$55 3, 2002 Fee wil	nature required wh 60.00 1 be \$750.00	nen reinstating)	D.A	ATE \$5.0	O May Be
9. This corp Tax filing (See crite	Signature, typed or printed name of registered age or printed name of registered age.	ont and title if applicable. (NO DIE FILE NOW After September 1 Make Check Paya D DIRECTORS	oTE: Registered Agent sig VIII FEE IS \$55 13, 2002 Fee will able to Department	nature required wh 60.00 I be \$750.00 ent of State	10. Election (o# Campaign Financing	\$5.0 Added	O May Be
SIGNATURE 9. This corp Tax filing (See crite	Signature, typed or printed name of registered age poration is eligible to satisfy its Intangit requirement and elects to do so.	ont and title if applicable. (NC Ole FILE NOW After September 1 Make Check Paya	OTE: Registered Agent signification of the Property of the Pro	nature required wh 60.00 I be \$750.00 ent of State	10. Election (0# Campaign Financing d Contribution.	s \$5.0	May Be
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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.

GNATURE: 407-820-6411