2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90429 027 ***150.00

DOCUMENT # P97000033937

1. Entity Name
CNC APPRAISAL SERVICES INC.

Principal Place of Business	Mailing Address
1850 FOREST HILL BLVD. SUITE #202 WEST PALM BEACH FL 33406	1850 FOREST HILL BLVD. SUITE #202 WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8051 DILLMAN RD.	P.O. BOX 211742
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33411 Country: PALM BEACH	Zip: 33421-1742 Country: PALM BEACH

4. FEI Number 65-0766125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OGONOWSKI, CARLA D
1850 FOREST HILL BLVD.
SUITE #202
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name: OGONOWSKI, CARLA D.
Street Address (P.O. Box Number is Not Acceptable): 8051 DILLMAN RD.
City: WEST PALM BEACH Zip Code: 33411

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 Carla D. Ogonowski 4-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGONOWSKI, CARLA D 1850 FOREST HILL BLVD, 202 W P B FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 8051 DILLMAN RD. W.P.B., FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: Carla D. Ogonowski 4-20-01
CARLA D. OGONOWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #: 561-333-8884