FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91365 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091181

1. Entity Name
FAST, COURTEOUS & PROFESSIONAL APPRAISAL SERVICES MICHAEL WAYNE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1849 UNIVERSITY DR.	1849 UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL SPRINGS, FL.	CORAL SPRINGS, FL.
Zip 33071 County BROWARD	Zip 33071 County BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 650789073 ☐ 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 MICHAEL L. WAYNE

Street Address (P.O. Box Number is Not Acceptable) 1849 UNIVERSITY DRIVE

City CORAL SPRINGS FL Zip Code 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PTS
NAME	MICHAEL L. WAYNE
STREET ADDRESS	1849 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VP
NAME	MICHAEL L. WAYNE
STREET ADDRESS	1849 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS FL, 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/03 954 723 0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #