2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # **P98000035650** 1. Entity Name **Secretary of State** APPRAISAL ASSOCIATES OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 2055 N. US HWY 1 2055 N. US HWY 1 VERO BEACH FL VERO BEACH FL32960 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0838340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VECCHIO CHARLES 2055 N. U.S. HWY 1 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL32960 US Zip Code 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. CHARLES V. VECCHIO 04/27/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change VECCHIO MAME SONDRA VECCHIO NAME SONDRA 800 20TH PLACE STE. 1 STREET ADDRESS STREET ADDRESS 2055 N US HWY 1 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP VERO BEACH 32960 ☐ Delete D TITLE X Change NAME VECCHIO CHARLES NAME VECCHIO CHARLES STREET ADDRESS 800 20TH PLACE STE. 1 STREET ADDRESS 2055 N US HWY! CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP VERO BEACH FL32960 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

04/27/2001

Date

Daytime Phone #

SIGNATURE: __Sondra L. Vécchio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR