2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054347 1. Entity Name VAN'S APPRAISAL SERVICE INC.

FILED May 17, 2000 8:00 am Secretary of State 05-17-2000 90842 011 ***150.00

Suite, Apt. #, etc. City & State Ci	Principal Place of Business 397 SW 14TH CT. POMPANO BCH FL 33060		Mailing Address 397 SW 14TH CT. POMPANO BCH FL 33060				·\$			
City & State Country Country Country Country S. Certificate of Status Desired Status Desired Street Address of New Registered Agent Name VAN, DON 397 SW 14TH CT. POMPANO BCH FL 33060 City FL Zip Code This corporation is eligible to satisty its Intangible Tax liting requirement and elects to do so. After MAY 1, 2000 Fee will be \$55.0.00 After M	2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Street Address of Current Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Name and Address of New Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
SIGNATURE 9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.E. MAKE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.E. MAKE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.E. MAKE 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. Corry-St-Zip 16. Change Additional Change Additional Change Additional Change Additional Corry-St-Zip 16. Change Additional Change Addition	City & State		City & State	City & State		4. FEI Number 65-0850995		Applied For Not Applicable		
VAN, DON 397 SW 14TH CT. POMPANO BCH FL 33060 City FL 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. SIGNATURE Signature, typed or printed name of registered agent and side of 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. Make THAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete	Zip	Country	Zip	Country	5. Cer	tificate of Status Desired				
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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 Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. \$5,00 May Added to Feet This Power of Printed name of registered agent and title if applicable. NAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D VAN, DON 397 SW 14TH CT. POMPANO BCH FL 33060 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	397 S	SW 14TH CT.			ss (P.O. Box	Number is Not Acceptable)				
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