| DOCUMENT # 164403 1. Entity Name | | | | | | FILED | | | |
|---|---|---|--|---|----------------------|--|--|---|--|
| SETZER'S WAREHOUSING CORPORATION, INC. | | | | 00 MAR 15 AM 11: 15 | | | | | |
| Principal Place of Business Mailing Addres | | | ress | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| N LAURA ST Size 3900 BACKSONVILLE FL 32202 2. Principal Place of Business Suite, Apt. #, etc. City & State | | PO BOX 52687 JACKSONVILLE FL 32201-2687 | | TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE | | | | | |
| | | 3. Mailing Address | | | | | | | |
| | | Suite, Apt. #, etc. City & State | | | | | | | |
| | | | | 4. FEI Number 59-0842405 Applied For Not Applicable | | | | | |
| Zip | Country | Zip | Cour | ntry | 5. Certif | ficate of Status Desired | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. Name | e and Address of New Regist | tered Agent | | |
| INTRASTATE REGISTERED AGENT CORPORATION | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 701 | BRICKELL AVENUE | | | Oli det Addice | 30 (1.0. 20. 7 | | | # * | |
| SUITE 3000 MIAMI FL 33131 | | | | | | | Zip Cod | | |
| MIAI | MI FL 33131 | | | City | | | Zip Cou | e | |
| | e named entity submits this statement fo | r the purpose of changing | its register | <u> </u> | stered agent, o | or both, in the State of Florida. | FL Zip Cod | e | |
| 8. The above SIGNATURE 9. This corp Tax filing | e named entity submits this statement for signature, typed or printed name of registered agent to oration is eligible to satisfy its Intangible requirement and elects to do so. | ind title if applicable. (f | NOTE: Registere W!!! FEE 2000 Fee | ed office or regis ad Agent signature requ IS \$150.00 will be \$550.0 | uired when reinstate | | DATE | O May Be | |
| 8. The above SIGNATURE 9. This corp Tax filing (See crite) | e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NO After MAY 1, Make Check Pay | WIII FEE 2000 Fee /able to Do | ed office or regis ad Agent signature requ IS \$150.00 will be \$550.0 epartment of \$ | uired when reinstati | ng) O. Election Campaign Financir Trust Fund Contribution. | DATE ng \$5.0 Addec | 0 May Be | |
| 8. The above SIGNATURE 9. This corp Tax filing | e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND STD SETZER, LEONARD R | FILE NO After MAY 1, Make Check Pay | W!!! FEE 2000 Fee /able to Do 12. TITL NAM STR | ed office or regis od Agent signature requ IS \$150.00 will be \$550.0 epartment of \$ | uired when reinstati | ONS/CHANGES TO OFFICER: - 4000321 | DATE ng \$5.0 Addect S AND DIRECTORS | O May Be of the Fees S IN 11 Addition 1020 | |
| 8. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS | e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND STD SETZER, LEONARD R 903 UNIVERSITY BLVD | FILE NO After MAY 1, Make Check Pay | W!!! FEE 2000 Fee /able to Do | ed office or regis id Agent signature requ IS \$150.00 will be \$550.0 epartment of \$ E IE EEET ADDRESS (-ST-ZIP E | uired when reinstati | ONS/CHANGES TO OFFICER: - 4000321 | DATE THE STAND DIRECTORS CHARGE CHA | O May Be of the Fees S IN 11 Addition | |
| 8. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND STD SETZER, LEONARD R 903 UNIVERSITY BLVD | FILE NO After MAY 1, Make Check Pay | W!!! FEE 2000 Fee /able to Do 12. TITL NAM STRI CITY | ed office or regis IS \$150.00 will be \$550.0 epartment of \$ E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E | uired when reinstati | ONS/CHANGES TO OFFICER: - 4000321 | DATE ng \$5.0 Addect S AND DIRECTORS Change C-0111800 *****1 | 0 May Be of to Fees S IN 11 □ Addition □ □ 1 | |
| 8. The above SIGNATURE 9. This corp Tax filing (See crite 11. 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 | e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND STD SETZER, LEONARD R 903 UNIVERSITY BLVD | FILE NO After MAY 1, Make Check Pay DIRECTORS Delete | W!!! FEE 2000 Fee /able to Do 12. IIIL NAM STRICOLD TITL NAM STRI | ed office or regis ad Agent signature requ IS \$150.00 will be \$550.0 epartment of \$ E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E | uired when reinstati | ONS/CHANGES TO OFFICER: - 4000321 | DATE Ing \$5.0 Added IS AND DIRECTORS Change C-01118 (I) **** Change | 0 May Be 1 to Fees 3 IN 11 ☐ Addition ☐ 20 ☐ 50.00 ☐ Addition | |
| 8. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND STD SETZER, LEONARD R 903 UNIVERSITY BLVD JACKSONVILLE FL 32211 | FILE NO After MAY 1, Make Check Pay DIRECTORS Delete Delete | W!!! FEE 2000 Fee /able to Do 12. IIIIL NAM STRICTORY | ed office or regis ad Agent signature requ IS \$150.00 will be \$550.0 epartment of \$ E EEE ADDRESS (-ST-ZIP EEET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP ET ADDRESS (-ST-ZIP ET ADDRESS (-ST-ZIP ET ADRESS (-ST-ZIP ET ADDRESS (-ST-ZIP ET ADDRESS (-ST-ZIP ET ADDRESS (-ST-ZIP ET AD | uired when reinstati | ONS/CHANGES TO OFFICER: - 4000321 | DATE Ing \$5.0 Added S AND DIRECTORS Change Change Change | O May Be to Fees S IN 11 Addition O O O Addition Addition | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; that I am an officer of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date Daytime Phone #