FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DO NOT WRITE IN THIS SPACE 2. Annopal Place of Business 2405-1 US Highway 27/441	DOCUMENT # 648020 1. Entity Name ROOL CONTRUL, JNC					02 OCT -4 PM 1:	24	* * * * * * * * * * * * * * * * * * *
Production Place of 6 Justices 2405-1 US Highway 27/441 Suite, Apr. F. etc. Suite, Apr. F. etc. Suite, Apr. F. etc. Cyt. Suite Fruitland Park, FL Fruitland Park, FL Fruitland Park, FL Suite, Apr. F. etc. County 34731 Cou						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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Fruitland Park, FL Zip 34/731 County A4/731 Name and Address of Current Registered Agent FL A4/731 Sireet Address (P.O. Box Number is Nix Acceptable) 37039 Shalimar Drive Cov Fruitland Park FL A4/731 Signal and Address of Current Registered Agent FL A4/731						DO NOT WR	ITE IN THIS SPACE	E
Secret Address of Current Registered Agent DO NOT WRITE IN THIS SPACE The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. Signature I pend or prived norm of implienced agent and take 7 apachable. North Registered office or registered agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Committee I pend of the Pend of State. 11. OFFICE'S AND DIRECTORS The Make State 1 apachable of Pend of State. North Registered office or director of the Pend of State. North Registered office or director of the Pend of State. North Registered office or director of the Pend of Pend of State. North Registered office or director of the Pend of Pend o				ark, FL		4. FEI Number 59-195557	8	·
Name Terry W. Miller Street Address (P.O. Box Number as Not Acceptable)	Zip 3473 1					5. Certificate of Status Desired		5 Additional
Signature (PC) - Box Number is Nox Acceptable) Street Address (P.O. Box Number is Nox Acceptable)	No. 2 - 25		الماري الماري الماري الماري	Non		7. Name and Address of Curren		
IN THIS SPACE 37039 Shalimar Drive City Fruittand Park FL 3/10 Code 34731 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 Springer, upod or prived mane of registered aport, and use it applicates. 9. This corporation is erigible to satisfy its intangible Task fling requirement and elects to do so. After May 1, Fee is \$150.00 After May 1, Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. 9. This Corporation of State 11. OFFICERS ANID DIRECTORS TITE MAKE SIREET AD0835 DO NOT WRITE INTEL MAKE SIREET AD0835 DIVEST-2P UPON ST-2P SIREET AD0835 GITY-ST-2P SIRET AD0835 GITY-ST-2P SIRET AD0835 GITY-ST-2		DO NOT W	DITE					
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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, upport or prived have of registered agent and sele if appacable. NOTE. Registered Agent signature required whom represents the properties of	THE OFACE							
SIGNATURE Signature, upand or prived name of registered agent and late if applicable. (NOTE Regenered Agent Signature Internations) January 1 - May 1 - Fee Is \$150,00 After May 1 - Fee Is \$150,00 After May 1 - Fee Is \$550,00 After May 1 - Fee Is \$50,00 After May 1 - Fee Is \$50,00	8 The above	a named partity submits this statement for	5.0					p Code 1731
Signature, uposed a privated when or inserted above and state if applicables. 9. This corporation is eligible to sailsfy its intangible Tax filling requirement and elects to do so (See criteria on back) OFFICERS AND DIRECTORS Make Check Payable to Department of State ITTLE MAME STREET ADDRESS STRY-ST-72P DUdith D. Addserballe, 4839 SE 112th ST. RD., Belliview, FL 34420 TITLE MAME STREET ADDRESS STRY-ST-72P DO NOT WRITE ITTLE MAME STREET ADDRESS STRY-ST-72P TITLE MAME STREET ADDRESS STRY-ST-72P TITLE MAME STREET ADDRESS STRY-ST-72P DO NOT WRITE IN THIS SPACE ITTLE MAME STREET ADDRESS STRY-ST-72P TITLE MAME STREET ADDRESS STRY-ST-72P TITLE MAME STREET ADDRESS STRY-ST-72P STREET ADDRESS CITY-ST-72P TITLE MAME STREET ADDRESS CITY-ST-72P STREET ADDRESS CITY-ST-72P TITLE MAME STREET ADDRESS CITY-ST-72P STREET ADDRESS CITY-ST-72P STREET ADDRESS CITY-ST-72P TITLE MAME STREET ADDRESS	o. The above	roomed entry submits trits statement for t	ne purpose of changing its	registered offic	e or registere	ed agent, or both, in the State of Fl	orida.	
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