2000 UNIFORM BUSINESS REPGREAUBR)

1. Entity Nan	MENT # P930000 IALL & COMPANY, INC.	02551	A.		Aug 30, Secret	TILED 2000 8 ary of \$0,0008 024 **	State
Principal Plac	ce of Business	Mailing Address			08-30-2000	90002 050 **	*400.00
11714 EMERALI DESTIN FL 325 US	D COAST PKWY #102 41	P 8.0X 878 DESTINATE 32540-0878			UUL	いましいい	
D. Dulaniani F	No. of Business	3. Mailing Address	Change	2 74:		ARIN CONCINCIA FINA S	
2. Principal Place of Business		3. Mailing Address 11714 Emerald Coast fkwy		Kwy			IOF II PE 1888
Suite, Apt. #, etc.		Suite Apt. #, etc. Suite 102		7	DO NOT WRITE IN THIS SPACE		
City & Stat	ie	City & State	FL -	4.	FEI Number - 59-3155732 ·	• • —	pplied For
Zip	Country	32541	Country U.S	5.	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current I		_	7.	Name and Address of New Regis		<u> </u>
			Name				
HALL	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	4 EMERALD COAST PKWY #102™ NN FL 32541						
÷			City			FL Zip Cod	le
9 The shower	named entity submits this statement for	the Attrace of changing its	agistered office or	registered a	gent or both in the State of Florids		
a. The above	rearried cataly edistricts this statistical to	Die Aufbose di Changing its i	egistered Unice of	registered a	gent, or boar, in the state of horios		
SIGNATURE.	So Calot	WEST	, ., ., .			4-10-0	<u> </u>
	Signature, typed or printed name of registered agent a	nd bite if applicable. (NOTE.	Registered Agent signati	re required when	reinstateng)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After MAY 1, 200 Make Check Payable		50.00	10. Election Campaign Financ Trust Fund Contribution.		O May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE	PT	☐ Delete	TITLE			Change	☐ Addition 운
NAME Street address	HALL, KEVIN P 203 DOMENICA CIR, EAST		NAME STREET ADDRESS				S S
. CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP				Addition SK
TITLE	VS	Delete	TITLE		•	Change	Addition C
NAME CTOTET ADDRESS	WEST, LINDA H		NAME CORRECT ADDRESS	٠.	•		}
:- STREET ADDRESS:- CITY-ST-ZIP	203 DOMENICA CIRCLE, EAST NICEVILLE FL 32578		CITY-ST-ZIP	Σ.	the complete of the control of the c	age and a supplementary of the con-	,
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CITY-ST-ZIP		. ["] a.la.	CITY-ST-ZIP			. Change	Addition
TITLE NAME		Delete	TITLE NAME				
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP		440 471-161		
 I hereby of indicated of the corporate changed, 	sertify that the information supplied with on this report or suppliemental report is poration or the receder or trusted empor or on an attack medium than address, w	this filing does not qualify for the true and accurate and that my weed to execute this report as it all other like empowered.	he exemption state signature shall has required by Char	ed in Section ive the same oter 607, Flor	119.07(3)(i), Florida Statutes. I furti- legal effect as if made under oath; rida Statutes; and that my name app	ner certify that the in that I am an officer pears in Block 11 or	or director Block 12 if
CICMAT	UDE C	/ XIII FI	1		410-00	/852	ソー
SIGNAT	SIGNATUS CAND TYPED OG PR	INTED NAME OF SKINING OFFICER OF	DIRECTOR		Date	Carp william	9477