

2000	UNIFORM	BUSINESS	REPOR

RT (UBR)

FILED Feb 09, 2000 8:00 am

GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 City FL 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. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS	Applied F Not Applied F Not Applied F Required
1859 SW 107 AVENUE MIAMI FL 33165 MI	Applied F Not A
MIAMI FL 33165 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Z 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Stignarture Street Address (P.O. Box Number is Not Acceptable) FL Z 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Stignarture Stignarture Street Address (P.O. Box Number is Not Acceptable) FL Z 8. The corporation is eligible to satisfy its Intangible Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150,00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Int. P GAUNAURD, LINDA L STREET ADDRESS CITY \$1.7P ADDITIONS/CHANGES TO OFFICERS AND DIRE CITY \$1.7P ADDITIONS/CHANGES TO OFFICERS AND DIRE CITY \$1.7P CIT	Applied F Not A
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee 6. Name and Address of Current Registered Agent Name GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 City FL Signature, upped or printed name of registered agent (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 TITLE GAUNAURD, LINDA L 151 S. OCEAN SHORES DR After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State STREET ADDRESS CITY-ST-ZIP TITLE GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 TITLE MAKE STREET ADDRESS CITY-ST-ZIP Defete TITLE MAKE STREET ADDRESS S	Not Amilia
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Zip Country Zip Country 5. Certificate of Status Desired \$8. Fee I GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 City FL Z 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 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 Tax filling requirement and elects to do so. (See criteria on back) 28. 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. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. CFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OCEAN SHORES DR KEY LARGO FL 33037 The NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS	Not a price of the control of the co
6. Name and Address of Current Registered Agent GAUNAURD, LINDA L 151 S. OCEAN SHORES DR KEY LARGO FL 33037 City FL 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed ratine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible at filling requirement and elects to do so. (See criteria on back) After MAY 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OCEAN SHORES DR KEY LARGO FL 33037 TITLE NAME STREET ADDRESS	75 Additional Required
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TITLE NAME STREET ADDRESS 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 further certify that	iange 🗆 t

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #