


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L03000052471

Mailing Address  
4730 NW 48TH AVENUE  
OCALA, FL 34482 US

Suite, Apt. #, etc.

Not Applicable
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**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

Zip Code

DATE \_\_\_\_\_

Make check payable to  
Florida Department of State

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

Daytime Phone # \_\_\_\_\_