## Apr 09, 2003 8:00 am Secretary of State

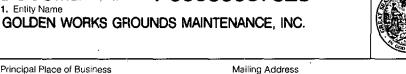
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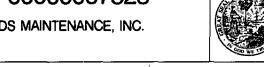
831 PARK VALLEY CIRCLE

CLERMONT FL 34711

P00000067328

1. Entity Name





831 PARK VALLEY CIRCLE

CLERMONT FL 34711

2. Principal Place of Business 3. Mailing Address SR 19 18330 18330 Suite, Apt. #, etc Suite, Apt. #, etc.



THE CHECK HERE IF MAKING CHANGES

59-3663132

6. Name and Address of Current Registered Agent GOLDEN, JENNIFER K 831 PARK VALLEY CIRCLE

CLERMONT FL 34711

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

noveland

4. FEI Number

Zip Code

\$8.75 Additional

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition GOLDEN, RODNEY A NAME NAME 831 PARK VALLEY CIRCLE STREET ADDRESS STREET ADDRESS **CLERMONT FL 34711** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition GOLDEN, JENNIFER K N∜RE NAME 18330 State Road 19 831 PARK VALLEY CIRCLE. STREET ADDRESS STREET ADDRESS **CLERMONT FL 34711** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: