DOCUMENT # 189405

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| Principal Place of | Business | Mailing Address | | | | | | |
| 2033 WOOD ST STE 218 SARASOTA FL 342 JS | 37 | PO BOX 4019 SARASOTA FL 34230 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 4009 | | | | | | |
| Suite, Apt. #, 6 | etc. | Suite, Apt. #, etc. | | | | | | |
| City & State | _ | City & State Sarasota. | City & State Sarasota, Florida | | | | | |
| Zip | Country | Zip 34230 | Country :: | | | | | |

FILED Mar 26, 2001 8:00 am Secretary of State 03-26-2001 90076 024 ***150.00

| SARASOTA FL 34237 Sufe, Apt. #, etc. Sufe, A | rincipai Place | e of Business | Mailing Address | | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE | | | _ | | İ | | | | | |
| City & State City & State City & State Sarasota, Florida 4. FEI Number 59-1201321 Not. | | | | | | | | | | |
| Sarasota, Florida Solida | Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN | 1 THIS SP. | ACE | | |
| Secondary Seco | City & State | , | 1 ' | | 4. F | El Number 59-1201321 | | <u> </u> | oplied For | |
| SIGNATURE Street Address of printed name of registered Agent and tall it applicable (NOTE Registered Agent applicable to Department of State Onth Dutton.) FEL NOW!!! FEE IS \$150.00 Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State TRAWICK JR, HENRY P 2033 WOOD ST STE 218 SARASOTA FL 34237 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 11. OFFICERS AND DIRECTORS 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 13. OFFICERS AND DIRECTORS 1 14. MAKE STREET ALORESS CITY-S1-2P 17. S1-2P 17. S1-2P 17. S1-2P 17. S1-2P 17. S1-2P 17. S1-2P 17. Name and Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Name Street Address (P.O. Box Numiber is Not Acceptable) 18. Event Address of New Registered Agent 18. Name Address of New Registered Agent Note: Address (P.O. Box Numiber is Not Acceptable) 18. Event Address of New Registered Agent 19. City S1-2P 10. Election Campaign Financing Trust Fund Conit busine. 11. MAKE STREET ALORESS CITY-S1-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I MAKE STREET ALORESS CITY-S1-2P 13. Election Campaign Financing Trust Fund Conit bus | | | Sarasota, | <u>Sarasota, Florida</u> | | | | | ot Applicable | |
| ### Address of Current Registered Agent TRAWICK JR,HENRY P 2033 WOOD ST STE 218 SARASOTA FL 34237 City FL Zio Code B. The above named entity submits this statement for the purpose of changing its registered difference agent, or both, in the State of Florida. Signature, speed or pritted name of registered agent and late it application After MAY 1, 201 Fee will be \$550.00 | Zip | Country | Zip | Country | 5. C | Certificate of Status Desired | | | | |
| TRAWICK JR,HENRY P 2033 WOOD ST STE 218 SARASOTA FL 34237 Signature, hyped or printed name of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, hyped or printed name of registered agent and tire 1 applicable (NOTE Registered Agent signature required whom referrable) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing Spouse regarded whom referrable with the S59.00 Added to Make Check Payable to Department of State 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. Election Campaign Financing Spouse regarded whom referrable greater agents are greated whom referrable greater agents agents regarded whom referrable greater agents agents agents regarded whom referrable greater agents | | | | LUSA | | | F | | <u>d</u> | |
| TRAWICK JR, HENRY P 2033 WOOD ST STE 218 SARASOTA FL 34237 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, typed or printed name of registered agent and late if applicable. NOTE Registered Agent separative registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and late if applicable. NOTE Registered Agent separative registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and see if applicable. NOTE Registered Agent separative registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and see if applicable. NOTE Registered Agent separative registered agent, or both, in the State of Florida. In Election Campaign Financing Added to Department of State of Science and Different Make Strict Address Science Agent Institute | | 6. Name and Address of Current | Registered Agent | | 7. N | lame and Address of New Regis | stered Ag | ent | | |
| 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 tate if applicable (NOTE Registered Agent signature required whon reinstating) DATE | 2033 | WOOD ST | | | ss (P.O. B | ox Number is Not Acceptable) | | | | |
| 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, typec or printed name of registered agent and lite if applicable (NOTE Registered Agent signature required whon revokating) DATE | SARA! | SOTA FL 34237 | | <u> </u> | | | | | | |
| SIGNATURE Signative, typed or printed name of registered agent and tate if applicable (NOTE Registered Agent signature required whom reincitating) DATE | | | | City | | | FL | Zip Cod | е | |
| S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Defendent of State See the Company of See the Company o | IGNATURE | , | , , , , | | | | | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Added to Added to Added to State | | organization of the state of th | UTO data il application | TE. Hogolorod Agent signatura requ | direct tricinites | material y | | | | |
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| 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. I further certify that the info | 3. I hereby ce | ertify that the information supplied with | this filing does not qualify fo | or the exemption stated in | Section 1 | 19.07(3)(i), Florida Statutes. I furt | her certify | that the ir | nformation | |

indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address gneture shall have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if