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ZIP Country ZiP Country S. Centificate of Status Desired S. 58.75 Availabreal Face Required B. Name and Address of Current Registered Agent Name Name and Address of New Registered Agent SIMPKINS, B W 400 HIGH POINT DR #500 COCCA FL 32926 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Portda. State Address (P.O. Box Number is Not Acceptable) Diff SIGMATURE Tax (fill are quints) Chite City FL Zip Code Sign Above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Portda. Diff State Address (P.O. Box Number is Not Acceptable) Sign Above coverner name of registered to so. (Ge or terriar on back) OFFICERS AND DiffECTORS Mater Market State Diff State Address (P.O. Box Number is Not Acceptable) Sign Above coverner name of registered state State OFFICERS AND DiffECTORS FLE NOW!! Name Diff Accel to Face State Stat	City & Sta	ate	City & State	City & State				
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SIMPKINS, B W 400 HIGH POINT DR #500 COCOA FL 32926 Streat Address (P.O. Box Number is Not Acceptable) City FL Zio Code R. The above hanned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Streat Address (P.O. Box Number is Not Acceptable) SIGNATURE This corporation is eligible to satisfy its Intangible Text ling requirement and elects to do so. Mater MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees 11. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 Trust Fund Contribution. \$4dded to Fees 13. STD SIMPKINS, B W 400 HIGH POINT DRIVE, SUITE 500 Chr. 51.2P Tric Trust Fund Contribution. \$4dded to Fees 14. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 Trust Fund Contribution. Change Addit Water Stream Address Corp. 51.2P Change Addit Water Address Corp. 51.2P Change A	,	6. Name and Address of Current R			7. 1	Name and Address of New		
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City FL Zip Code 6. The above named enlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE	400	HIGH POINT DR #500	Street Addres	is (P.O. E	s (P.O. Box Number is Not Acceptable)			
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3. 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 11 or Block 12 changed, or on an attachment with an address, with all of the time time time the same legal effect.	STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 50 COCOA, FL 00000 VD SHERIFF, F A 400 HIGH POINT DRIVE, SUITE 50 COCOA, FL 00000	Delete	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS			Change	Addition
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