Embry strates	2003 FOR PROFI UNIFORM BUSINES	SS REPOR		FILED Jul 30, 2003 8:00 am Secretary of State
CALLEDS COUNTY       200 TATLOR WOODS RD         LABELLE FL 5385       LABELLE FL 5385         2. Proceing Proce of Burness	Entity Name	•		
Total Tom YERGS, FLA       ISBE 2 Bill provide AVE         Sume, April, H. MC       Sume, April, H. MC       Sume, April, H. MC         Sume, April, H. MC       Sume, April, H. MC       Sume, April, H. MC         Chr, S Sume       City 6 State       April 10 Mill Provide State         Control of State       City 6 State       April 10 Mill Provide State         Barge of Control       20 3 901       Control       State April 10 Mill Provide State         Control       Control       20 3 901       Control       State April 10 Mill Provide State         Control       Control       20 3 901       Control       State April 10 Mill Provide State         Control       F. Name and Address of Current Registered Agent       Train Provide State       Train Provide State         Attern May Link State       File State       Train Provide State       Train Provide State         Attern May State       City File State       Train Provide State       Train Provide State         Attern May State       City File State       Train Provide State       Train Provide State         Attern May State       City File State       Train Provide State       Train Provide State         Attern May State       City File State       City File State       Train Provide State       State State         Atte Control<	ADES COUNTY 20 TAYLOR WOODS RD	2020 TAYLOR WOODS RE		
Bart Mitters, ILA.         FOLT Mitters         Fold         Set332041         Interpretational Set33901           B33901         Convert         B3901         Convert         Set332041         Set3320411111111111111111111111111111111111	FORT MYERS, FLA.	1362 BRAM	AN AVE	-
BD       Country       Zip       Country       Site			RS, FLA.	4. FEI Number 59-1832041 Applied For Not Applicable
TAYLOR JR, CHARLES E.       2020 TAYLOR WOODS RD         LABELLE FL 33335       Chy First Mixed Section 10 (Charge State)         The above named entity submits this statement for the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation graduation graduation graduation graduation graduation (State)       PL         In the obligation of agence with the state of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation cannot are provided with the indext of the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation cannot are provided with the indext of the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation cannot are provided with the indext of the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation of the purpose of changing its registered agend, or both, in the State of Florida. Tain familiar with, and accelere the obligation of the purpose the purpose of the purpose of the purpose of	Zip 33901 KES	<sup>Zip</sup> 33901	Country LEE	5. Certificate of Status Desired X \$8.75 Additional Fee Required
Civ Fart MYGRS FL 33901 The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or bolk, in the State of Florida. I an familiar with, and acce the obligations of registered agent.     Civ Fart MYGRS FL 33901 The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or bolk, in the State of Florida. I an familiar with, and acce the obligations of registered agent.     Civ Fart Fund Control of the State of Florida. I an familiar with, and acce     for the obligations of registered agent.     Civ Fart Fund Control of the State of Florida. I an familiar with, and acce     for the obligations of registered agent.     Civ Fart Fund Control of the State of Florida Department of State     for the Mark Agent signature request weat registered agent.     OFFICERS AND DIRECTORS     Control of the Department of State     for the Control of Co	TAYLOR JR, CHARLES E. 2020 TẠYLOR WOODS RD	egistered Agent	P	AUL E. TAYLOR
Jake Check Payable to Florida Department of State       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         VE       PD       TITLE       PD       Addition       Additi	The above named entity submits this statement for the obligations of registered agent. GNATURE Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00	<u>e</u>	registered office or regis	stered agent, or both, in the State of Florida. 1 am familiar with, and accept
LE       PD       TAYLOR JR, CHARLES E       Delete       TTLE       MAKE       STREET ADDRESS       2020 TAYLOR WOODS RD       Change       Addit         VS-TZP       MABELLE FL       STREET ADDRESS       73 C 2       BJRAMAN / A/4       Change       Addit         VS-TZP       MABELLE FL       Make       STREET ADDRESS       73 C 2       BJRAMAN / A/4       Change       Addit         VS-TZP       MABELLE FL       Make       STREET ADDRESS       73 C 2       BJRAMAN / A/4       Change       Addit         VS-TZP       MABELLE FL       MAKe       STREET ADDRESS       73 C 2020 TAYLOR WOODS RD       Change       Addit         VS-ST-ZP       FGLT       MAKe       STREET ADDRESS       FGLT       MAKe       CUTV-ST-ZP       FGLT       MAKe       CUTV-ST-ZP       FGLT       MAKe       CUTV-ST-ZP       FGLT       MAKe       CUTV-ST-ZP       FGLT       MAKe       STREET ADDRESS       FGLT       M	ake Check Payable to Florida Department of S	<u>.                                    </u>	<b>T</b> 11	
EET ADDRESS       STREET ADDRESS $1339$ $1339$ $1339$ $1339/10$ $1339/10$ E       Image: Delete       Image: Delete       Image: Delete $1339/10$ $1339/10$ $1339/10$ $1339/10$ AE       Image: Delete       Image: Delete       Image: Delete $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $130/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $1339/10$ $130/1$	E PD TAYLOR JR, CHARLES E EET ADDRESS 2020 TAYLOR WOODS RD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUL É, TAYLOR Addition 62 BRAMANIAVE
EET ADDRESS       STREET ADDRESS       I339 ISROAUWI9TER, DR.       OTT         -ST-ZIP       I-3217 MYEK3, FLA. 339/9         EE       Delete       ITTLE       Immile W, TAYLork (D)       Immile Additional terms         EE       Immile International terms       Immile International terms       Immile International terms       Immile International terms         STREET ADDRESS       Immile International terms       Immile International terms       Immile International terms       Immile International terms         STREET ADDRESS       Immile International terms       Immile International terms       Immile International terms       Immile International terms         E       Immile International terms       Immile International terms       Immile International terms       Immile International terms         STREET ADDRESS       Immile International terms       Immile International terms       Immile International terms       Immile International terms         STREET ADDRESS       Immile International terms       Immile International terms       Immile International terms       Immile International terms         STREET ADDRESS       Immile International terms       Immile International terms       Immile International terms         E       Immile International terms       Immile International terms       Immile International terma       Immile International terms <tr< td=""><td>EET ADDRESS 2020 TAYLOR WOODS RD</td><td>X Delete</td><td>TITLE 77 NAME STREET ADDRESS CITY-ST-ZIP F</td><td>RESIDENT - SECRETARY Change Addition CD BRAMAN AVE. (D) GAT MYERS, FER.</td></tr<>	EET ADDRESS 2020 TAYLOR WOODS RD	X Delete	TITLE 77 NAME STREET ADDRESS CITY-ST-ZIP F	RESIDENT - SECRETARY Change Addition CD BRAMAN AVE. (D) GAT MYERS, FER.
E       NAME       Zmmma work       Smethod Ress         ET ADDRESS       STREET ADDRESS       I339 BROADWATEAL OR         IST-ZIP       Delete       TITLE       CAREAU M. TAYLOR (D)         E       Delete       TITLE       CAREAU M. TAYLOR (D)         IST-ZIP       Delete       TITLE       CAREAU M. TAYLOR (D)         IST-ZIP       Delete       TITLE       ISG 2. VBKAMMEN AVE:         IST-ZIP       CITY-ST-ZIP       FORT MYEAS, FEA 1, 33901         E       Delete       TITLE       ISG 2. VBKAMMEN AVE:         IST-ZIP       Delete       TITLE       Change         IDELEE       Delete       TITLE       Addition of the exemption stated in Section 119 07(3)(i). Elorida Statutes   further certify that the information stated in Section 119 07(3)(i). Elorida Statutes   further certify that the information stated in Section 119 07(3)(i). Elorida Statutes   further certify that the information stated in Section 119 07(3)(ii). Elorida Statutes   further certify that the information stated in Section 119 07(3)(ii). Elorida Statutes   further certify that the information stated in Section 119 07(3)(iii). Elorida Statutes   further certify that the information stated in Section 119 07(3)(iii). Elorida Statutes   further certify that the information stated in Section 119 07(3)(iii). Elorida Statutes   further certify that the information stated in Section 119 07(3)(iii).	e et address	Delete	STREET ADDRESS 13	39 BROADWATER, DR. 977
E       NAME       1362 VB KPAMPS V AVE         ST-ZIP       CITY-ST-ZIP       FORT MYENS, FEA, 33901         E       Delete       TITLE         E       Delete       TITLE         ST-ZIP       STREET ADDRESS       CITY-ST-ZIP         I       Delete       TITLE         ST-ZIP       STREET ADDRESS       CITY-ST-ZIP         U bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Elorida Statutes I further certify that the information	E ET ADDRESS	Delete	STREET ADDRESS 13	MATE W, THYLOR (D)
E Delete TITLE Change Addition E ET ADDRESS -ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	E ET ADDRESS	Delete	NAME STREET ADDRESS /3	162 BRAMMAN AVE
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	E ET ADDRESS	Delete	TITLE NAME STREET ADDRESS	
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 directo 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 changed, or on an attachment with an address, with all other like empowered.	<ul> <li>indicated on this report or supplemental report is tru- of the corporation or the receiver or trustee empower</li> </ul>	ue and accurate and that r ered to execute this report	ny signature shall have th as required by Chapter (	be same legal effect as if made under oath: that I am an officer or director