

DOCUMENT # 602936

1. Entity Name

GETZEN AND HAGIN, P.A.

02-29-2000 90126 017 ***150.00

[illegible]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|--|--|
| 132 BUSHNELL PLAZA P.O. BOX 248 BUSHNELL FL 33513-0248 US | 132 BUSHNELL PLAZA P.O. BOX 248 BUSHNELL FL 33513-0248 US |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-1352441 | Applied For |
| | | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent |
|---|
| HAGIN, T RICHARD 132 BUSHNELL PLAZA BUSHNELL FL 33513 |

| 7. Name and Address of New Registered Agent | | |
|--|----|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| | | |
| City | FL | Zip Code |

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

| | | |
|--|--------------------------|------------------------------------|
| 10. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

[illegible][illegible]

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. RICHARD HAGIN 02-04-2000 352-793-8085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)