| Entity Nam   | ne<br>J. MENSH                        | ł, P.A.   |   |  |   | Jan 09, 2<br>Secreta  |  |  |
|--|---------------------------------------|---|---|--|---|---|--|--|
| incipal Plac   | e of Business                         | 3   | Mailing Address   |  |   |   | 90013 020 ***  |  |
| SECOND A   | IVE N.E.                              |   | 111 SECOND AVE N.E.   |  |   |   |  |  |
| : 610<br>Petersbur   | RG FL 33701                           |   | STE 610<br>St. Petersburg FL 3370   | 1  |   |   |  |  |
|  |                                       |   | US  | •  |   |   |  |  |
| Dringing D   | lace of Pusin                         | 000   | 2 Mailing Address   |  |   |   |  |  |
| Principal P  | Place of Busin                        | ess   | 3. Mailing Address  |  |   | 01111 01010 HOED HOEL HEBE 1001 0   | ISBN DIEN DIEN DIEN DIEN EN                                  | EN BREN HER  |
| Suite, Apt. #, etc.  |                                       | Suite, Apt. #, etc.   |   | <del> </del> .   | DO NOT WRITE IN   | THIS SPACE  |  |  |
|  |                                       |   |   |  |   |   |  |  |
| City & State   | е                                     |   | City & State  |  | 4. FEI Numi   | ber <b>59-1937931</b>   | <del></del>  | pplied For<br>ot Applicable  |
| Zip  | · · · · · · · · · · · · · · · · · · · | Country   | Zip   | Country  |   | <del></del>   | \$9.75 4-  |  |
| _,p  |                                       | o o o i i i   |   | 333,111,7  | 5. Certificat   | e of Status Desired [   | Fee Require  | ed   |
|  | 6. Name                               | and Address of Current F                                    | Registered Agent  |  | 7. Name an  | d Address of New Regis  | tered Agent  |  |
|  |                                       | المجمع في هي من المداعد<br>مام                              | - 2 may   | - Name M   | uron  | 5. Mens   | ·h   | • •  |
|  | ISH, MARON                            |   |   | Street Addre   | ss (P.O. Box Numl   | per is Not Acceptable)  |  | 10   |
| STE  | SECOND AV                             | YC N.E.   |   | 111.   | 24  | VE. N.E.  | 57E. 6   | 10   |
|  |                                       | G FL 33701  |   |  |   |   |  |  |
| <b>U</b> 1. 1  |                                       |   |   | City 5 T.  | Pars  | rs bul G  | FL Zip Soc   | * 7¢   |
| The above  | named entity                          | euhmite this statement for                                  | the purpose of changing its   |  |   |   |  |  |
| THE ADOVE  | r named entry                         | Submits this statement for                                  | the purpose of changing its   | registered office of regi  | atered agent, or b  | otti, iii tilo otato oli londa.   |  |  |
| SNATURE .  | m                                     |   | Menk  |  |   | •   | 1/5/01   |  |
| invitorie.   | Signature, typed o                    | of inted name of registers agent a                          | nd title if applicable. (NOT  | E: Registered Agent signature rec  | uired when reinstating)   |   | ATE  |  |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   |                                       | FILE NOW  | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of Stat |  | 10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Added to Feet |   |  |  |
| (See criter  | •                                     | nd elects to do so.   |   |  | 10   _  |   |  |  |
| (See criter  | •                                     |   | Make Check Payal  |  | State   |   | ☐ Adde   | d to Fees  |
| `  | •                                     |   | Make Check Payal  | ble to Department of   | State   | rust Fund Contribution.   | ☐ Adde   | d to Fees  |
| E E  | PDT<br>MENSH, M                       | OFFICERS AND D  | Make Check Payal DIRECTORS  Delete  | 12. TITLE NAME   | State   | rust Fund Contribution.   | Adde   | d to Fees  |
| E<br>E<br>EET ADDRESS  | PDT<br>MENSH, M                       | OFFICERS AND D IYRON S ND AVENUE, N.E., STE                 | Make Check Payal DIRECTORS  Delete  | 12. TITLE NAME STREET ADDRESS  | State   | rust Fund Contribution.   | Adde   | d to Fees  |
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