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City & State Country Country Country 5. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required Name Name Name Name Name CLERMONT FL 32711 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 size if applicable. NOTE: Registered Agent eignature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS A FEI Number 59-1980487 Secriticate of Status Desired \$8.75 Addition Fee Required **Required **Required **PAPIRICATE To Number is Not Acceptable) **State Address (P.O. Box Number is Not Acceptable) The State of Florida. **PL Zip Code **State Address (P.O. Box Number is Not Acceptable) City FL Zip Code **State Address (P.O. Box Number is Not Acceptable) The State of Florida. **DATE *	plicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addited fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIACHETTI, CHRISTOPHER P 312 CRYSTAL LAKE DR CLERMONT FL 32711 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and taffe if applicable. (NOTE: Registered Agent eignature required when reinstating) PAIE 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS STATEMENT AD	<u> </u>
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13. I hereby certify that the information supplied with this filling 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 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 changed, or on an attachment with an address, with all other like empowered.	irector
SIGNATURE: SIGNATURE AND TYPED OR BRINGED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Desyttime Phone # ROBERT J. Grach ett. JR (Praident)	7-

CR2E034 (10/00)