Proceed/Hubber of Dutartees Mailing Address K2L RECORDER DRVE ARCROMULE R. 3228-300 ALUE 72.3.6.3 2. Principal Pace of Dutartees 2. Maining Address Suite Add. # wc Suite Add. # wc Suite Add. # wc Suite Add. # wc City & State	DOCL 1. Entity Nat	1 UNIFORM BUS JMENT # 674200	INESS REPC	RT (UBR)		FILED May 30, 2001 8:00 ar Secretary of State 05-30-2001 90224 032 ***550.00
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20 Country 20 Country 9. Certificate of Status Desired 98.75 Actional Fee inpound 1 0. Herme and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1 UKE, JOSEPH C SH40 SAN JOSE BUDDSTATE RD 13 JACKSONVILLE FL 32217 Street Address (P.O. Box Number is Not Acceptable) 20 City FL Zip Code 8. The address internet for the purpose of changing is country and by submits this statement for the purpose of changing is country and by address addres address address address address address ad	City & Sta	ite:	City & State		4.	39 200300 1
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B. The above named entity submits this statement for the purpose of changing its optistered agent, or both, in the State of Florida. SICNATURE	954	0 SAN JOSE BLVD-STATE RD 13			ss (P.O. E	Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its logistered office or registered agent, or both, in the State of Florida. SIGNATURE				City	·······.	Zip Code
Image: State Address	8. The above	e named entity submits this statement for	the purpose of changing its	egistered office or regi	stered ag	· -
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 Atter MAY 1, 20 If Fee will be \$550.00 Make Check Paysi is to Department of State 10. Election Campaign Financing Added to Fees ADD DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITLE POSTER, DAVID M 9540 STATE ROAD 13 11.1 </th <th>SIGNATURE</th> <th></th> <th></th> <th></th> <th></th> <th></th>	SIGNATURE					
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13. I hereby certify that the information solutied Chills must notes of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplements free and accurate and that must 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 of this tee empowerable 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 adviress, with all other life empowered.	TAME STREET ADDRESS	VP SHIMP, EARL N III 402 HECKSCHER DR. CHRP	DRA COL	NAME STREET ADDRESS		Change [] Addition
	indicated of the corp changed,	sertify that the information solutied the on this report or supplementative emponent poration or the receiver of trustee emponent or on an attachment with apachress, w	is more accurate a qualify for the and accurate and that m and execute this report as in all other life emrowered.	ne exemption stated in signature shall have the required by Chapter (Section 1 ne same le 307, Floric	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if 5-25-0]= 904-757-0860