NAME     KORTUM, KEN L     NAME       STREET ADDRESS     19568 CRESCENT RD.     STREET ADDRESS       CITY-ST-ZIP     ODESSA FL     CITY-ST-ZIP       TITLE     T     Delete       KORTUM, WIL H.     Delete       STREET ADDRESS     15446 LAKESHORE VILLA CIR #260       STREET ADDRESS     CITY-ST-ZIP	GUNN	MENT # 701207	· · · · · · · · · · · · · · · · · · ·	RT (UBR)		<b>y 02, 200</b> <b>cretary</b> ( 5-02-2001 90098 0	<b>D</b> <b>D1 8:0</b> <b>Df Sta</b> 028 ****61.	0 am 1 te 25
TAUPA FL 3825       ODESSA FL 39556         2. Principal Place of Business       3. Meiling Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Chy & State       City & State         Zip       Country         Zip       Country         Zip       Country         Suite, Apt. #, etc.       Do NOT WRITE IN THIS SPACE         Chy & State       City & State         Zip       Country         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       Do NOT WRITE IN THIS SPACE         Chy & State       Image: Applied Flace of Basics Desired         Zip       Country         Suite, Apt. #, etc.       Street Address of New Registered Agent         Name and Address of Current Registered Agent       Name         Name and Address of Current Registered Agent       Name         Insease       City       FL         Street Address (PO. Box Number is Not Acceptible)       Street Address (PO. Box Number is Not Acceptible)         DOESSA FL       Inter the purpose of changing its registered agent, or both, in the state of Florida.         SIGNATURE       Perfects and onglinese agent and legitered agent and registered agent and state of Florida.         SIGNATURE	Principal Plac	ce of Business	Mailing Address					
Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State       4, FEI Number       Sp-1968324       Applied F         Zip       Country       Zip       Country       8, Centificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7, Name and Address of New Registered Agent       7, Name and Address of New Registered Agent         KORTUM, KEN L       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         19568 CRESCENT RD.       ODESSA FL 33556       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         Biguinuma, typed or printed name of legistered agent and line if applicates.       (NOTE Regenered Agent signature required when restating)       DATE         FLE NOW:       9. Election Campaign Financing Trust Fund Contribution.       \$5,00 May Be Added to Fees       Make Check Payable to Department of State         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (ITV-ST-ZP       The Nume         175-22P       ODESSA FL       ITUE       ITUE       ITUE       ITUE       Itue         1864 CRESCENT RD			ODESSA FL 33556					
City & State       City & State       4. FEI Number       Applied F         Zip       Country       Zip       Country       6. Certificate of Status Desired       \$8.75 Additional Fee Required         E. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         KORTUM, KEN L       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         ID568 CRESCENT RD. ODESSA FL 33556       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 Florida.       Street Address (P.O. Box Number is Not Acceptable)         SIGNATURE       Street Address (P.O. Box Number is Not Acceptable)       Date         Signature type or printed name of registered agent and stat displicable.       (NOTE Registered Agent signature required when mentating)       DATE         Signature type or printed name of registered agent and stat displicable.       (NOTE Registered Agent signature required when mentating)       DATE         Signature type or printed name of registered agent and stat displicable.       (NOTE Registered Agent signature required when mentating)       DATE         FILE NOW:       9. Election Campaign Financing Trust Fund Contribution.       \$\$5,00 May Be Added to Fees       Make Check Payable to Department of State         1	2. Principal F	Place of Business	3. Mailing Address					
Zip       Country       Zip       Country       S9-1968324       Not Appli         Zip       Country       S. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Res Required         KORTUM, KEN L       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         19568 CRESCENT RD.       ODESSA FL 33556       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.       Street Address (P.O. Box Number is Not Acceptable)       DATE         SIGNATURE       Street Comparing Financing       \$5,00 May Be       Make Check Payable to Department of State         FEL IS \$61.25       9. Election Campaign Financing       \$5,00 May Be       Make Check Payable to Department of State         INCE       OFFICERS AND DIRECTORS       11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       INCE         INCE       VD       Street Address       Change       Added to Fees         INCE       Street Address       Change       Added to Fees       Change       Added to Faes         INCE       OFFICERS AND DIRECTORS       11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </td <td>Suite, Apt.</td> <td>#, etc.</td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td>DO NOT WRITE IN THIS</td> <td>S SPACE</td> <td></td>	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE	
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         KORTUM, KEN L 19568 CRESCENT RD. ODESSA FL 33556       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.       City       FL       Zip Code         SIGNATURE       Street Address (P.O. Box Number is Not Acceptable)       DATE       DATE         SIGNATURE       Signature, trood or printed name of registered agent and the flapplicabe.       (NOTE Registered Agent signature required when renetating)       DATE         SIGNATURE       Signature, trood or printed name of registered agent and the flapplicabe.       (NOTE Registered Agent signature required when renetating)       DATE         SIGNATURE       9. Election Campaign Financing Trust Fund Contribution.       \$5,00 May Ba Added to Fees       Make Check Payable to Department of State         Intel       VD       Intel       Make       Change       Addition (Change)         Intel       VD       Delete       Intel       Change       Addition (Change)         Inte       VD       Intel <td>City &amp; Stat</td> <td>ie</td> <td>City &amp; State</td> <td></td> <td>4. FEI Number</td> <td></td> <td></td> <td></td>	City & Stat	ie	City & State		4. FEI Number			
C. Name and Address of Current Registered Agent	Zip	Country	Zip	Country			\$8.75 Add	litional
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