## FILED Jun 07, 2004 8:00 am Secretary of State

	2004	NO.	T-FOR-PR	OFIT	CORP	ORATIO	DN
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STREET ADDRESS P.O. BOX 1173 SANFORD, FL 32772  TITLE TO NAME NATHAN, RONALD STREET ADDRESS STRE	1. Entity Nar	JMEN I # 745821  THE PROPERTY OF THE PROPERTY		04-29-2004	90279 02	.2 *****61.						
Suito, Apt. 4, etc.  Suito, Apt. 5, etc.  Suito, Apt. 6, etc.  City & State  City & St	950 W. 13T	H STREET :	950 W. 13TH STREET		6	66426998						
City & States  City &	2. Principal	Place of Business	3. Mailing Address									
Applied For It   More personal   Security	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	uile, Apt. #, etc.			ig-NP CR2E	037 (10/03)				
6. Name and Address of Current Registered Agent 7. Name and Address of Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Name Registe		ate .	City & State	ity & State			DR 1/0-1700	860 N				
BRYANT: CARRIE BUIE  550 ELMCREST PLACE  DEBARY, FL 32713  City  FL Zip Code  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am "tam its with, and accept the objections of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objections of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objections of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objections of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of registered agent, or both, in the State of Florida. I am "tam its with, and accept the objection of the purpose of changing its state of Control of Floridates of Control of Control of Floridates of Control of Floridates of Control of Control of Floridates of Control of Contr	Zip			] 500,			5. Certificate of Status Desired					
STORE ADDRESS TPLACE  DEBARY, FL 32713  City FL Zip Code  a. The above named entity subspirits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent agreed agent, or both, in the State of Florida. I am familiar with, and acceptable to produce the obligations of registered agent agreed agent, or both, in the State of Florida. I am familiar with, and acceptable to produce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to produce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to produce the obligations of registered entities.  Filling Fee its \$51.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME  DANIEL, JOAN  STRET ADDRESS  TIME  PO  STRET ADDRESS  STRET	<u> </u>	i	egistered Agent		Name	7. Name and Add	ress of New Registered	Agent				
City   FL   Zip Code    8. The above named entity subgriss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spend. I am familiar with, and accept the objection of registered spends repeated spends repeated spends repeated spends repeated spends. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of charges of policy or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Plorida Department of State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida Statutes. I write registered agent, or both in the purpose of Plorida State of Florida Statutes. I write remarks of Place of Plorida Statutes. I write remarks of Place of Plorida Statutes. I write remarks of Place of Plorida Statutes. I write remarks of Place of Pl			يرباء المنهوديون	<del></del> -								
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Styreture, hyped or jurised signs of registered equal and six 1 accordances.   ChiTCE Registered Agent adjusted responsable from instrusted   Chitago   Change   Filling Fee is \$81.25		8. The above named entity submits this statement for the purpose of changing its registered office or registered paget or both lastic State of Switch Lastic Switch Last										
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   SD	SIGNATURE		d title If applicable. (NOTE: I	Registered	Agent signature n	required when reinstating)	DATE					
TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P Delate DIADORESS CITY-ST-2P DELATE ADDRESS CITY-				\$5.00 May Be Added to Fees	\$5.00 May Be Make check payable to Added to Fees Florida Department of State							
NAME STREET ADDRESS OCTIV-57-2P TITLE PD	<u>-</u>		CTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND C	IRECTORS IN	1 10			
STREET ADDRESS OFFOR CORDAY-CT.  CITY-ST-2P  JACKSONVILLE, FL  TITLE  PD  MARE BRYANT, CARRIE B  STREET ADRESS P.O. BOX 1173 TITLE  TO  NATHAN, RONALD STREET ADDRESS OFFOR STREE		I '	☐ Delete					☐ Change	☐ Addition			
BRYANT, CARRIE B STREET ADDRESS P.O. BOX 1173 SANFORD, FL 32772  TITLE NAME NATHAN, RONALD STREET ADDRESS SANFORD, FL STREET ADDRESS STREET ADDRESS SANFORD, FL STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS P.O. BOX 1173 STREET ADDRESS P.O. BOX 1173 STREET ADDRESS P.O. BOX 1173 STREET ADDRESS STREET ADDR	•	JACKSONVILLE, FL		STREE	ET ADDRESS							
ITILE  MAME  DIXON, LORENZO  144 CARVER AVENUE  STREET ADDRESS  CITY-ST-ZIP  SANFORD, FL  Debete  TITLE  MAME  BUIE, CARSANDRA D  STREET ADDRESS  CITY-ST-ZIP  SANFORD, FL  Debete  TITLE  MAME  STREET ADDRESS  SANFORD, FL  Debete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the information of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:  MAME  SIGNATURE:  MAME  SIRVAT  SREATADDRESS  CITY-ST-ZIP  Debete  TITLE  MAME  SIRVET ADDRESS  CITY-ST-ZIP  Debete  TITLE  MAME  SIRVET ADDR	NAME Street address	BRYANT, CARRIE B P.O. BOX 1173		NAME STREE		50 Elmenes	t Place	Change	Addition			
ITILE  MAME  DIXON, LORENZO  144 CARVER AVENUE  STREET ADDRESS  CITY-ST-ZIP  SANFORD, FL  Debete  TITLE  MAME  BUIE, CARSANDRA D  STREET ADDRESS  CITY-ST-ZIP  SANFORD, FL  Debete  TITLE  MAME  STREET ADDRESS  SANFORD, FL  Debete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the information of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:  MAME  SIGNATURE:  MAME  SIRVAT  SREATADDRESS  CITY-ST-ZIP  Debete  TITLE  MAME  SIRVET ADDRESS  CITY-ST-ZIP  Debete  TITLE  MAME  SIRVET ADDR		<del> </del>	П.	CITY-ST-ZIP De		Debaly, FI	L 92713					
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BUIE, CARSANDRA D  STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327721173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:   Addition  Addition  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:   Addition  STREET ADDRESS CITY-ST-ZIP  12. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:   Addition  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  CHAPTER  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  CHAPTER  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  CHAPTER  CHAPTER  STREET ADDRESS CITY-ST-ZIP  CHAPTER  CHAPTER  CHAPTER  CHAPTER  C	STREET ADDRESS	144 CARVER AVENUE	Li oaze	NAME STREE	T ADDRESS	197 AdelAine	2 Street	Change	☐ Addition			
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE: J. Mr. D. Prysist Carrie D. Bryast 428/14 SS6-774-9889	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ST-ZIP	7,			☐ Addition			
SIGNATURE: TI arie D. Pryort Carrie B. BRYONT 428/14 S86-774-9189	12. 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
U SIGMATURE AND TYPED OR PRINTED NAME OF EXAMING OFFICER OR DIRECTOR DISECTOR DISECTOR DISECTOR												