

68695-010

FILED

Apr 02, 2007 08:00 AM

Secretary of State

1. Entity Name

**Mailing Address**

11315 N 46TH ST.
TAMPA, FL 33617 US



4. FEI Number
41-1338530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

LALIBENTE, KATHLEEN
11315 N 46TH ST.
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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Added to Fees

TITLE	PTDS
NAME	PETERSON, JAMES H
STREET ADDRESS	815 NICOLLET MALL #200
CITY-ST-ZIP	MINNEAPOLIS, MN 55402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UD0000886209
04/09/07-80036-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date _____

Daytime Phone #