

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90746 029 ***150.00

The seal of the State of Florida is circular. It features a central figure of a woman standing on a rock, holding a torch aloft in her right hand and a scroll in her left. The scroll contains the word 'CONSTITUTION'. Above her is a palm tree. The background shows a landscape with a ship on the water and a sun rising over hills. The outer ring of the seal contains the text 'GREAT SEAL OF THE STATE OF FLORIDA' at the top and 'IN GOD WE TRUST' at the bottom.

Mailing Address
PO BOX 1751
BATON ROUGE LA 70821-1751

3. Mailing Address

PO Box 1751

Suite, Apt. #, etc

Baton Rouge, LA

City & State

Country
USACountry
USA

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL	Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P	<input type="checkbox"/> Delete
NAME	BARRY, WILFRED B	
STREET ADDRESS	PO BOX 1751	
CITY - ST - ZIP	BATON ROUGE LA	

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stephen Spohrer		
STREET ADDRESS	PO Box 1751		
CITY-ST-ZIP	Baton Rouge, LA 70821		

TITLE	V	<input type="checkbox"/> Delete
NAME	FREDERICK, BRADLEY M	
STREET ADDRESS	PO BOX 1751	
CITY - ST - ZIP	BATON ROUGE LA	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	DIVINCENTI, BLISS	
STREET ADDRESS	PO BOX 1751	
CITY - ST - ZIP	BATON ROUGE LA	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	MOISE III, HAROLD A	
STREET ADDRESS	PO BOX 1751	
CITY-ST-ZIP	BATON ROUGE LA	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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

Date _____

Run time Does it

CR2E034 (10/02)