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Solle. Apt #. etc. Suite. Apt #. etc. Do NOT WRITE IN THIS SPACE City & State City & State 4. PEI Number 55-2197516 Applied For Ziv Country 2. Certificate of Status Desired SSC44 Address of Country S. Certificate of Status Desired SSC44 Address of New Registered Agent SCALLON, WINCENT Street Address (P.O. Box Number is Net Acceptable) Neme and Address of New Registered Agent Neme SCALLON, WINCENT Street Address (P.O. Box Number is Net Acceptable) Neme Neme SCALLON, WINCENT Street Address (P.O. Box Number is Net Acceptable) DN1 SCALLON, WINCENT Street Address (P.O. Box Number is Net Acceptable) DN1 SCALLON, WINCENT Offer Registered of Status Desired DN1 B. The above named entity submits his statement for the purpose of changing its registered offer or registered agent, or both, in the State of Florids. SIGM-TUPE Zip Code B. The above named entity submits his statement for the purpose of changing its registered offer or registered agent, or both, in the State of Florids. SIGM-TUPE Control on back B. The above named entity submits his statement for the purpose of changing its registered offer or registered agent, or both, in the State of Florids. SIGM-TUPE Control on back B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in Contregistered	Principal Place of Business C/O VINCENT SCALLON 10122 LINDELAAN TAMPA FL 33618		C/O VINCENT SCALLON 10122 LINDELAAN				
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Zip Country Zip Country So Cartification of Status Desired March Application e. Name and Address of Current Registered Agent* e. Country c. Country c. Country c. Country c. Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
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13. 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 propert 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 of the receiver or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is chapter does not provide the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is chapter does not used to be appeared or on the receiver of the corporation of the receiver of the trust of t	NAME STREET ADDRESS	,	Delete	NAMI STRE	e et address		Change 🗂 Addition
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