Zip     Country     Zin     Country     Second Parameter       Zip     Country     2 in     Country     5. Centification of Status Desired     58.75 Addetion       6. Name and Address of Current Registered Agent     7. Mane and Address of New Registered Agent     7. Mane and Address of New Registered Agent       100 LEE ROAD ORLANDO FL FL 32810     7. Mane and Address of New Registered Agent     7. Mane and Address of New Registered Agent       101 LEE ROAD ORLANDO FL FL 32810     City     FL     Zip Code       8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fondat.     Sitemi Address (PO. Box Number is Not Acceptable)       SIGMATURE     The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fondat.       SIGMATURE     The above named entry submits this statement for the purpose of changing its registered agent or transition water the state of Fondat.       Signature function of back     PATE HOWITI FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.01 Make Checke Nayable to Department of State HUR OSKI, JOHN E     DATE       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In the state of the State of Part Agent agent and enders to do so.     State of the Agent a	DOCUI 1. Entity Name	MENT # <b>F46932</b> BANK SHARES, INC.	INESS REPU	RI (UBR)		FILI Jan 18, 200 Secretary 01-18-2000 90059	0 8:0 of Sta	ate
Principal Place of Business      Suie, Apt. #, etc.      Suie, Apt. #, etc.      Suie, Apt. #, etc.      Suie, Apt. #, etc.      Do NOT WAITE IN THIS SPACE      Norm      Norm      Norm      The ADDOTOTOR OF INCOMENTATION      Norm      Stream Address of New Registered Agent      Norm      Norm      Stream Address of New Registered Agent      Norm      Stream Address of New Registered Agent      Norm       Norm      Norm      Norm      No	Č/O DONALD C 1401 LEE ROAD	ROGERS	C/O DONALD C ROGERS			, .		
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BOGERS, DONALD C 1401 LEE ROAD ORLANDO FL FL 32810       Street Address (PO. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         6. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida.       State of Florida.         SIGNATURE	×	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regi		<u>quirea</u>
1401 LEE ROAD ORLANDO FL FL 32810       City       FL       Zip Code <ul> <li>City</li> <li>FL</li> <li>Zip Code</li> </ul> 8. The above named entity submits this statement for the purpose of changing its registered algent graws regated from refutancy       DME                Signature, typed or prend name of regated agent and tab r applicable.       (POTE Argentred Agent rightered from refutancy)       DME                9. This corporation is eligible to satisfy its Intangible DME (Size Circle's on back)       Intel Expected Agent rightered from refutancy)       DME                9. This corporation is eligible to satisfy its Intangible DME (Size Circle's on back)       Intel Expected Sigent graws regated from refutancy)       Intel Expected Sigent graws regated from refutancy)       DME                10. Election Campaign Financing Trust Expected Sigent graws regated from refutancy)       Intel Expected Sigent graws regated from refutancy)       Intel Control Contregion Contres frame				Name				<b>e</b>
ORLANDO FL FL 32810       City       FL       Zip Code         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       DNE         By much based or preved name of registered agent are too if applicable.       POTE: Inspace of Agent dyname registered agent, or both, in the State of Florida.       DNE         9. This corporation is eligible to satisfy its intangible Tax flip regularent and elects to do so. (See criteria on back)       FILE NOW!!! FEEL IS \$150.00 Make Check Payable to Department of State       10. Election Campaign Financing Added to Added to The Mark 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Added to The Mark 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State         11.       OCFFICEERS AND DIRECTORS IN THE MAX' 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       Internation Campaign Financing Campaign Financign Campaign Financign Campaign Financing Campaign Financign Campaig		-		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
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Mure       MUROSKI, JOHN B       NAME         Street ADDRESS       3868 S LAKE ORLANDO DR       NAME         CITY-ST-ZIP       ORLANDO, FL 00000       CITY-ST-ZIP         ITILE       -       Delete         NAME       ROGERS, DONALD C       NAME         Street ADDRESS       2 ISLAND DR       Change         CITY-ST-ZIP       LAKE MARY FL 32746       CITY-ST-ZIP         TITLE       D       Delete       TITLE         NAME       ASHTON, KAREN M.       ITILE       Change         Street ADDRESS       1401 LEE RD.       Change       Change         CITY-ST-ZIP       ORLANDO FL       CITY-ST-ZIP       Change       Change         TITLE       D       Delete       TITLE       Change       Change         Street ADDRESS       1401 LEE RD.       Change       Change       Change         CITY-ST-ZIP       ORLANDO FL       Delete       TITLE       Change       Change         NAME       Street ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Change         TITLE       Delete       TITLE       NAME       Change       Change       Change         Street ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP	TITLE NAME STREET ADDRESS	DCB MUROSKI, JOHN E 3850 N LK ORLANDO PKWY		TITLE NAME STREET ADDRESS	AD	DITIONS/CHANGES TO OFFICE		·
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NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) for the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same lengt effect as if made under path; that I am an officer of the same same lengt effect as if made under path; that I am an officer of the same same same lengt effect as if made under path; that I am an officer of the same same same same same same same sam	NAME STREET ADDRESS		Delete .	NAME STREET ADDRESS			Ch	iange 🗋 🎬
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under gain; that I am an officer of it	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			Ch	iange 🛄 *.''
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 11 or Block and the second statutes with an address, with all other like empowered.	of the cor	on this report or supplemental report i poration or the receiver or trustee emp	s true and accurate and that r owered to execute this report	my signature shall have as required by Chapte	the same i	ienal effect as it made under oatr	n that Lam an c	ntticer or direct

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