<u>9906</u> Suite, Apt. # <u>City & State</u> <u>V. FT. M</u> <u>Zip</u> <u>3390</u> EARLY	VN LN 33903 ACE of Easiness AMARAON CT AMARRON CT AMMARRON CT	Suite, Apt. #, etc.	MARON ELS, F Country Name	<u>ل</u> 4. 5.	DUULD613 DO NOT WRITE IN THIS SPACE FEI Number 65-1145820 Applied Not Ap Certificate of Status Desired Status Desired Status Desired Required	d For plicable	
<u>9906</u> Suite, Apt. # City & State <u>V.FT. M</u> Zip <u>3390</u> EARLY	AMMARRON CT	<u>99067</u> Suite, Apt. #, etc.	Country	<u>ل</u> 4. 5.	DO NOT WRITE IN THIS SPACE FEI Number 65-1145820 Certificate of Status Desired S8.75 Additional	d For plicable	
V.FT.M 3390 EARLY	5. Name and Address of Current Reg JOYCE A	Gity & State MY2 3193903 gistered Agent		5.	Certificate of Status Desired Status Desired	plicable	
<u>3390</u> EARLY	6. Name and Address of Current Reg 7, JOYCE A TAMMARRON CT	393903 gistered Agent				- I	
	, JOYCE A FAMMARRON CT	gistered Agent	Name	7.		ai	
	AMMARRON CT				Name and Address of New Registered Agent		
EARLY, JOYCE A 9906 TAMMARRON CT N FT MYERS FL 33903			Street Ad	dress (P.O. I	ess (P.O. Box Number is Not Acceptable)		
			City	_	EI Zip Code		
 The above named entity submits this statement for the purpose of ch 							
9. This corpora	ignature, typed or printed name of registered agent and t ation is eligible to satisfy its Intangible	FILE NOW!	Registered Agent signatur	0	einstaing) DATE 10. Election Campaign Financing \$5.00 Mi		
1 ax filing re (See criteria	quirement and elects to do so.	After MAY 1, 200 Make Check Payab	01 Fee will be \$5 le to Department		Trust Fund Contribution. Added to F		
11.	OFFICERS AND DIF		12.	AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
IAME	Early, Bob R 8436 Marinatown Ln Suite 4L N Ft Myers Fl	Delete	NAME STREET ADDRESS CITY-ST-ZIP	B0B 990. N. F	K. EARLY BUILDING 6 TAMARRON CT T. MYENS, FL 3390	Addition Addition	
ITLE IAME ITREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-1- 1 -1-1-1		Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP		Change []	Addition	
TLE Ame Irreet address Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~~~~	Change 🗌	Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP	· · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗌	Addition	
TLE Ame Ireet address TY-ST-ZIP		Delete	TITLE NAME Street address City-st-zip		Change 🗌	Addition	
3. (hereby cer indicated or of the corpo changed, o SIGNATU	n this report or supplemental report is trans tration or the receiver or trustee empower r on an attachment with an address, with	Filing does not qualify for e and accurate and that m red to execute this report a all other live empowered.	the exemption state y signature shall ha is required by Chap	d in Section ve the same ter 607, Flori	119.07(3)(i), Florida Statutes. I further certify that the inform legal effect as if made under oath; that I am an officer or dirida Statutes; and that my name appears in Block 11 or Bloc	ation rector k 12 if	