FILED ీ ఆ2001 UNIFORM BUSINESS REPORT (UBR) Jul 10, 2001 8:00 am Secretary of State 07-10-2001 90109 034 ***550.00 DO NOT WRITE IN THIS SPACE

Suite	! #3									
City & State	ARGO, FL		City & State		4. F	El Number	59-2768324			plied For t Applicable
330 S	07 Country USA		Zip .	Country	5. C	ertificate of S	tatus Desired		\$8.75 Add Fee Required	
	6. Name and Address	of Current Regis	tered Agent -		~ 7. N	ame and Add	iress of New Re	gistered A	gent	
				Name						
TAEC	VA PENNETH !			· .						
	DYA, KENNETH J.	•		Street A	ddress (P.O. Be	ox Number is	Not Acceptable)			
	DCEAN BAY DR									
KEY	LARGO FL 33037			FO	6 BOYD	DR			-	
			1		0 10090	- D/			Zip Code	
				City			:	FL	, Zip Code	· .
ி . The above	named entity submits this s	tatement for the p	surpose of changing its	registered office o	r registered age	ent, or both, in	the State of Flor	ida.		
·	4						•		• .	-
SIGNATURE _		:								
	Signature, typed or printed name of re	gistered agent and title	fapplicable. (NOTE	: Registered Agent signal	lare reduited when rei	instating)		DATE		
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11.	OFFIC	CERS AND DIREC	CTORS	12.	ADI	DITIONS/CHA	ANGES TO OFFIC	CERS AND		
TITLE	P		☐ Delete	TITLE					Change Change	Addition
NAME	TAFOYA, KENNETH J.			NAME .			_			
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STREET ADDRESS	190 OCEAN BAY DR			CITY-ST-ZIP	900	0072 0				
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CITY-\$1-ZIP

DOCUMENT # G20383

104615 OVENSEAS HWY

Mailing Address P.O. BOX 2388

3. Mailing Address

Suite, Apt. #, etc.

KEY LARGO FL 33037-7368

1. Entity Name

NIEL V. MUIR, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

130 OCEAN BAY: DR

KEY LARGO FL 33037

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

DOCUME 1. Entity Name	ENT # G203 8	33		ILLA	sho.	
NIEL V. MUIR	I, INC. COOP	3617		Attac		1
Principal Place of B 130 OCEAN BAY DR #8 KEY LARGO FL 3300 US	R	Mailing Address P.O. BOX 2388 KEY LARGO FL 33037-73 US	388			
2. Principal Place of	of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc	0.	Suite, Apt. #, etc.		DO NOT WRITI	E IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2768324	├	pplied For ot Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired	\$8.75 Ad	ditional
6.	Name and Address of Current	Registered Agent-	Name	- 7. Name and Address of New Re		·
TAFOYA, KENN				ss (P.O. Box Number is Not Acceptable)	
130 OCEAN BA KEY LARGO FL				Λ		
			City		Zip Coo	ie
The above name	ed entity submits this statement fo	r the purpose of changing it	s registered office or reg	istered agent, groots in the clate of Flo		,
SIGNATURE Signature 9. This corporation	ure, typed or printed name of registered agent on is eligible to satisfy its Intangible tement and elects to do so.	and title if applicable. (NO FILE NOW After September 1	s registered office or reg TE: Registered Apont signature of VIII FEE S \$450.00 2, 2001 Fee will be \$7 able to Department of	50.00 Trust Fund Contribution	DATE \$5.0	00 May Be
9. This corporation Tax filing require (See criteria on III. ITLE P TAF ITREET ADDRESS 130	ure, typed or printed name of registered agent on is eligible to satisfy its Intangible ement and elects to do so.	and title if applicable. (NO FILE NOW After September 1 Make Check Paya	TE: Registered Agent signature of the second signature of the second sec	50.00 Trust Fund Contribution	DATE ancing \$5.0	d to Fees
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Date

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: