(11/98)
CR2E034

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							
VCOF ANNU	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED			
	MENT # H15594			99 JUN 24 PH	I: 28		
1. Corporation	n Name	1 sound	2,1				
UNI	NETSITY STADEN	THOVETTIS	CLONGRAGO DE S TALLAHASSES, FL	PLORETZER GESTATE TALLAHASSES, FLORIDA			
Principal Plac		Mailing Address	,				
350 5 Polk or 4305							
	ASOTA FC 33	DO NOT WRITE IN THIS SPACE					
	SALASOTA FC 39 34236			3. Date Incorporated or Qualifed			
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 350 Suite, Apt.		Suite, Apt. # Jetc. A		59-2693263	Not Applicable \$8.75 Additional		
22 30		27	06	5. Certifcate of Status Desired	Fee Required		
City & Stat	PastaA	City & State		8. Election Campaign Financing	\$5.00 May Be		
23 <i>SA</i> /	Country	28	Country	Trust Fund Contribution 8. This corporation owes the current year	Added to Fees		
24 342	3C 25	29 3	0	Personal Property Tax.	☐ Yes 注 No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
Er	ic L Robinson			Elic L Rubinson			
35c	35c 5 Pulk Dr #3cs Street Address (P.O. Box Number is Not Acceptable)						
SA1930fg FC 34236					Tool 7. O. A.		
84 City SAIn SOITA FL 85 Zip Code 34235							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed narge of registered typery at	E/K	L Ru 5115 egistered Agent signature rec	a Presided 45Ad 1	u 6/19/23		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	Plesilet	☐ Change ☐ Addition		
NAME			12 NAME	Fra L Rubinsia			
STREET ADDRESS CITY-ST-ZIP			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Brick L. Rubinson 350 S Pull Al Sure	sots FC 3423C		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME			22 NAME	See MENSET			
STREET ADDRESS			2.3 STREET ADDRESS	RUSALINO SICHEL 4869 Wildeput DI			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP	4867 Wildeput 111	Change Claddition		
NAME		C. Dett.	3.2 NAME	•			
STREET ADDRESS			3.3 STREET ADORESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	000000292	-01089002		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****158.7	5 ****158.75		
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS 5.4 City-St-Zip				
CITY-ST-ZIP TITLE		DELETE	6.1 TiTLE		Change Addition		
NAME			62 NAME				
ATTREE 48000000			63 STREET ADORESS		CD		

6.4 CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

Agnul Cosprate Reports

As he HAVE Changel our ADDIESS your mil has knot to in Ardel to 45.

I Called your office And they
feld me to write this letter
Statey this versus for filing and
Late fees reall be writed and
cul states verinstated

If you have any Questions
Please call me
@ 941-388-1843

My ADDRESS

Gniversity Studiet ADVETES ME

350 5 Polk Dr

305

Sinite FC

34235

That - ger

Fres. Auf USAd. 14.