2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H20133 **DOCUMENT #** 1. Entity Name

#1641-1

GIRASOL, INC.



FILED Mar 05, 2003 8:00 am § Secretary of State
03-05-2003 90039 030 ***150.00

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Zip Country Zip Country 5. Certificate of Status Desired					9
Suite, Apt. 4, etc. City & State	240 S. PINEAPPLE. 10TH FLOOR P. O. BOX 49948		240 S. PINEAPPLE. 10TH FLOOR P. O. BOX 49948		
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additions Fee Required Fee Required 7. Name and Address of New Registered Agent Name RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE PDT RUSSELL, JEFFREY S. 3IRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-S1-2P TILE VD COULER, RONALD L STRET ADDRESS CITY-S1-2P SARASOTA FL CITY-S1-2P CITY-S1-2P SARASOTA FL CITY-S1-2P	2. Principal Place of Business		3. Mailing Address		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additione Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236 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. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
ENDITION COUNTRY Signature, types or printed name of explosered agent and stee if applicable. Fee Regulated Agent Signature, types or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State PDT Delete TITLE DOFFICERS AND DIRECTORS TITLE SARASOTA FL TITLE VD Delete TITLE SARASOTA FL TITLE VSD SARASOTA FL TITLE VSD Delete TITLE SARASOTA FL TITLE VSD SARASOTA FL TITLE VSD Delete TITLE SARASOTA FL	City & State		City & State		4. FEI Number 59-2576849 Applied For Not Applicable
RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00	Zìp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236 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. I am lamilfar with, and a true collegations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DTH FLR Delete TITLE DRIVERS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		_6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
240 S PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236 City 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. Lam familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-				Name	,
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8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and a state the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature required when remaining) DATE		·			
THE obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				City	FL Zip Code
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	lions of registered agent.	· , ,		
TITLE NAME RUSSELL, JEFFREY S. STREET ADDRESS 240 S PINEAPPLE 10TH FLR STREET ADDRESS CITY-ST-ZIP TITLE VD COLLIER, RONALD L. STREET ADDRESS CITY-ST-ZIP TITLE VSD SARASOTA FL TITLE VSD STREET ADDRESS CITY-ST-ZIP TITLE NAME	After	r May 1, 2003 Fee will be \$550.00	f State		
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CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii).	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	

of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appears, with all other like empowered.

SIGNATURE:

UHE MUETTEY S. Russell,

941-366-6660