MILWOOD, DA 505 66TH AVE VERO BEACH  8. The above name SIGNATURE 9. This corporation Tax filing require (See criteria on  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	(32962) 12961  of Business  c.  Country  Name and Address of Current  AVID  E., S.W.  FL 32961  ned entity submits this statement for  ture, typed or printed name of registered agent a  on is eligible to satisfy its Intangible rement and elects to do so.  i back)	r the purpose of changing its and title if applicable. (NOT	Country  Name Street Address registered office or	DO NOT WRITE IN THIS SPACE  4. FEI Number  59-2477060  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.
Suite, Apt. #, etc  City & State  Zip  6  MILWOOD, DA  505 66TH AVE  VERO BEACH  8. The above nam  SIGNATURE Signat  9. This corporation  Tax filing requir  (See criteria on  11.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  145	Country  Name and Address of Current in AVID  S., S.W.  FL 32961  The dentity submits this statement for the country submits the coun	Suite, Apt. #, etc.  City & State  Zip  Registered Agent  r the purpose of changing its  and title if applicable. (NOT	Name Street Address registered office or	4. FEI Number 59-2477060 Applied For Not Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent Characteristics (P.O. Box Number is Not Acceptable)  FL Zip Code  Tregistered agent, or both, in the State of Florida.
City & State  Zip  6  MILWOOD, DA  505 66TH AVE  VERO BEACH  8. The above nam  SIGNATURE Signat  9. This corporation  Tax filing require (See criteria on  11.  TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  145	Country  Name and Address of Current  AVID  E., S.W.  FL 32961  The dentity submits this statement for the statement for the statement for the statement and elects to do so.  In back)	City & State  Zip  Registered Agent  r the purpose of changing its and title if applicable. (NOT	Name Street Address registered office or	4. FEI Number  59-2477060  Applied For Not Applicable  5. Certificate of Status Desired
MILWOOD, DA 505 66TH AVE VERO BEACH  8. The above nam SIGNATURE 9. This corporatio Tax filing requir (See criteria on 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	Country  I. Name and Address of Current I  AVID  E., S.W.  FL 32961  Industry submits this statement for a statement for a statement for a statement and elects to do so. In back)	Registered Agent  The purpose of changing its and title if applicable. (NOT	Name Street Address registered office or	5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.
MILWOOD, DA 505 66TH AVE VERO BEACH  8. The above nam SIGNATURE 9. This corporatio Tax filing requir (See criteria on  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	Name and Address of Current (AVID)  E., S.W.  FL 32961  Industry submits this statement for a current typed or printed name of registered agent a current is eligible to satisfy its Intangible rement and elects to do so.	Registered Agent  r the purpose of changing its and title if applicable. (NOT	Name Street Address registered office or	7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.
MILWOOD, DA 505 66TH AVE VERO BEACH  8. The above nam SIGNATURE 9. This corporatio Tax filing requir (See criteria on 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	E., S.W.  FL 32961  The dentity submits this statement for state. Typed or printed name of registered agent a continuous in is eligible to satisfy its Intangible rement and elects to do so. In back)	r the purpose of changing its and title if applicable. (NOT	Street And City  S registered office or City  TE: Registered Agent signature of the City Street Agent Stree	ddress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.
505 66TH AVE VERO BEACH  8. The above name SIGNATURE Signat  9. This corporation Tax filling require (See criteria on  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	FL 32961  The definition of the statement of the statement for the statement of the statement of the statement and the statement and elects to do so.  In back)	and title if applicable. (NOT	Street And City  S registered office or City  TE: Registered Agent signature of the City Street Agent Stree	registered agent, or both, in the State of Florida.
SIGNATURE  9. This corporation Tax filing require (See criteria on  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	ned entity submits this statement for iture, typed or printed name of registered agent a on is eligible to satisfy its Intangible rement and elects to do so.	and title if applicable. (NOT	s registered office or	registered agent, or both, in the State of Florida.  The state of Florida.  The state of Florida.  The state of Florida.  DATE
SIGNATURE  Signat  9. This corporation Tax filing require (See criteria on 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP FILE NAME STREET ADDRESS 145	iture. typed or printed name of registered agent a on is eligible to satisfy its Intangible rement and elects to do so. I back)	and title if applicable. (NOT	TE: Registered Agent signatu	registered agent, or both, in the State of Florida.  The required when reinstating)  DATE
SIGNATURE  9. This corporation Tax filing require (See criteria on 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 145	iture. typed or printed name of registered agent a on is eligible to satisfy its Intangible rement and elects to do so. I back)	and title if applicable. (NOT	TE: Registered Agent signatu	ure required when reinstating) DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145		Make Check Payal	002 Fee will be \$5 ble to Department	50.00 Trust Fund Contribution. Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 145	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME LAN STREET ADDRESS 145	LWOOD, DAVID 20 13TH LANE RO BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
VL	MBETH, GEORGE S. JR. 55 48TH CT RO BEACH FL	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS 140	MBETH, SCOTT W. 05 46TH AVE. RO BCH. FL	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS 730	nkins, judith 04 Cabana Ln Pierce Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP -		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	Change Addition
13. I hereby certify indicated on the of the corporal changed, or or		this filing does not qualify to due and accurate and that owered to execute this report with all other like emporered	or the exemption statement of the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director opter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if