Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additic Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLONE, VIOLA M. 13068 SE 101TH AVE. P. O. BOX 572 BELLEVIEW FL 34421 Name Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. Signature. typed or proted name of registered agent and bits if applicable. Signature. typed or proted name of registered agent and bits if applicable. (NOTE Begatered Agent signature required where reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back) Street NOW IN FEE IS \$150.00 After MAY 1, 2001 Fee will ba \$550.00 Nake Criteck Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$55.00 Added to the trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DOCUN 1. Entity Name	UNIFORM BUSIN IENT # H38905 RSE TRACK BUILDERS, INC.		RT (U	BR)	FILE Apr 30, 2001 Secretary 0 04-30-2001 90337 02	8:00 a State	am ?	
Suite, Adv. #. etc. Suite, AqU. #. etc. DO NOT WRITE IN THRESPACE City & State City & State 4. TEL Humbler Sp-2475092 Appl. Zio Country Zip Country 5. Certificate of Status Desired Bot A SLONE, VIOLA M. 13088 SE 10TH AKE. Norme State Address of Current Registered Agent Norme SLONE, VIOLA M. 13088 SE 10TH AKE. State Address of Current Registered Agent Norme State Address of P. D. Box Number is Not Acceptable) B. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Flocka. State Address (P. D. Box Number is Not Acceptable) B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flocka. State Address (P. D. Box Number is Not Acceptable) State Address (P. D. Box State Diff. State Address (P. D. Box Number is Not Acceptable) Diff. State Address (P. D. Box Number is Not Acceptable) B. The above named entity submits in statement for the purpose of changing its registered agent, or both, in the State of Flocka. State Address (P. D. D. Number is Not Acceptable) State Address of State is antify its information Diff. State Address (P. D. D. Number is Not Acceptable) Diff. State Address (P. D. D. Number is Not Acceptable) State Address of State is antify its information Diff. State Address (P. D. D. Number is Not Acceptable) Diff. State Addr	3068 S.E. 101 A .O. BOX 572	VE	13068 S.E. 101 AVE P.O. BOX 572				010 14 010 14 010 14 010 14	1 0 1	
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Zip Country Zip Country S. Certificate of Status Desired S8.75 Adds Isource SLONE, VIOLA M. 13086 SE 101TH AVE. P. O. BOX S72 BELLEVIEW FL 34421 Name Name Name City 213 Zip Code City 213 Zip Code The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both in the State of Fiorida. City 213 Zip Code CMATURE The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both in the State of Fiorida. City 213 Zip Code CMATURE The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both in the State of Fiorida. City 213 Zip Code CMATURE Table for down and one of orgithal agost and the factoristic City Table State State of Fiorida. City Table State State of Fiorida. State Change State State of Fiorida. CNATURE Table for down and one of orgithal agost and the factoristic. City Table State State of Fiorida. City Table State State of Fiorida. State Change State State of Fiorida. CNATURE Table factoristic Adddees State State State State State State State State State Sta	City & State		City & State	<u></u>		4. FEI Number 59-2475092	Applied		
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SLONE, VIOLA M. 13088 SE 101TH AVE. P. O. BOX Number In Not Acceptable Street Address (P.O. Box Number In Not Acceptable) City [23] Zip Code 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. Dr C City [23] Zip Code 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. Dr C City [23] Zip Code 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. Dr C In 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. Dr C In the corporation is eligible to satisfy its Intangible Atta: MAL 14, 2001 FBS VIII PES: IS 5160.00 Attact MAL 14, 2001 FBS VIII PES: IS 5160.00 Task Florida State. 10. Elaction Campaign Financing Toust Fund Contribution. Address I Its: SLONE, FLODN D. 10266 SE 101TH AVE. 103068 SE 101TH AVE		6. Name and Address of Current Re	egistered Agent				,		
P. O. BOX 572 BELLEVIEW FL 34421 City C						ddraes /P.O. Box Number is Not Acceptable)			
City 113 Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. GNATURE Segment agent agent agent and the Happlottile INDE: Registered Agent agent agent ad also Happlottile DATE This corporation is eligible to satisfy its intargible FILE NOWILL PEEL IS \$156,00 10. Election Campaign Financing S5.00 Tax fling requirement and elects to do so. Alter MAY 1, 2017 Faz will bas \$55,00 10. Election Campaign Financing S5.00 City PD Nate City is \$250,00 Nate City is \$250,00 Nate City is \$250,00 Nate City is \$250,00 City PD Nate City is \$250,00 Nate City is \$250,00 Nate City is \$250,00 Nate City is \$250,00 City PD Date Nate City is \$250,00 Nate City is \$250,00 Nate City is \$250,00 City PD Date Intit Nate City is \$250,00 Nate City is \$250,00 SLONE, FLEDON D. Intit Nate City is \$250,00 Nate City is \$250,00 OPFICERS AND DIFECTORS I Date 13068 SE 101TH AVE. Date Intit Nate City is \$250,00 Intit Operational Nate City is \$250,00 Operational Nate City is \$250,00 Nate Concepts Nate City is \$250,00 Intit Nate City is \$250,00 </td <td></td> <td></td> <td colspan="2"></td> <td colspan="4">set Address (F.O. box Number is Not Acceptable)</td>					set Address (F.O. box Number is Not Acceptable)				
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AME TREET ADDRESS ITY-ST-ZIP 3. I hereby 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	AME TREET ADDRESS		Delete	NAME STREET AU			🗋 Change 🗌] Addition	
3. I hereby 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 shall be some local offect as it made update on the table and exemption shall be some local offect as it made update on the table and exemption shall be some local offect as it made update on the table and exemption shall be some local offect as it made update on the table and exemption shall be some local offect as it made update on the table and exemption shall be some local offect as it made update on the table and exemption shall be updated on the table and exemption shall be updated on the table and exemption of table and exemption shall be updated on the table and exemption of table and exemption shall be updated on the table and exemption of ta	AME TREET ADORESS		🗌 Delete	NAME STREET A			🗌 Change 🗌] Addition	
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 I changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empoy	true and accurate and that wered to execute this repor vith all other like empowered	my signature t as required d.	shall have the s by Chapter 607	same legal effect as if made under oath; that I , Florida Statutes; and that my name appears	am an officer or d in Block 11 or Blo	lirector ok 12 if	