

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90074 005 ***150.00

Principal Place of Business	Mailing Address
1373 BEACH AVE. ATLANTIC BEACH FL 32233	1373 BEACH AVE. ATLANTIC BEACH FL 32233

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
STORN, RONALD M. 1373 BEACH AVE			Name
			Street Address

1070 BEACH AVE. ATLANTIC BEACH FL 32233	
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

11.		OFFICERS AND DIRECTORS		12.	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	
NAME	STORN, RONALD M.			NAME	
STREET ADDRESS	1373 BEACH AVE.			STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	

NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	

CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 13 of the Bankruptcy Code, or on an attachment with an address, with all other like empowered.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL Zip Code

ered agent, or both, in the State of Florida.

ed when reinstating)		DATE
<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

_____ ☐ Change ☐ Addition

Section 119.07(3)(i), Florida Statutes. I further certify that the information is the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (10/00)