MAME SITURIZINSKI, ROBERT M. STREET ADDRESS SITURINSKI, ROBERT M. STREET ADDRESS CITY-ST-ZIP TITLE Delate		MENT# E	·	IESS REPO	RT	(UBR)		FII May 01, 20 Secreta					
SURE, App. W. etc. City & State	350 PONTE VE P.O. BOX 1764 PONTE VEDRA	DRA BLVD.	FL	350 PONTE VEDRA BLVD. P.O. BOX 1764 PONTE VEDRA		FL							
City & State City & State City & State City & State A. Fill Number: S9-2593681 A. Fill Number: S10DZINSKI, ROBERT M. S99 PONITE VERDA IN. PONITE VERDA PO	2. Principal P	lace of Business		3. Mailing Address								•	
Specific content Specific co	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NO	OT WRITE IN T	HIS SPAC	Έ	–	
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered 9. The Address of New Registered Agent 9. The Address of New Registered Agent 10. Decicion Carnalish Plantage	City & State	e		City & State		• • • • • • • • • • • • • • • • • • • •					\rightarrow	•	1
SIDZINSLI, ROBERT M.	Zip	Country		Zip	Cour	itry			esired		75 Add	itional	-
SILDEZINSKI, ROBERT M. 3289 PONTE VEDRA PL. City FL Zip Code C		6. Name and Addre	ss of Current Re	gistered Agent			7. N	lame and Address of	New Registe		•		1
PONTE YERRA 32892 8. The above named entity submits this statement for the purpose of changing its registered ciffice or registered agent, or both, in the State of Florida. SIGNATURE Symma, speed or private rained or spallers agent and lite if acclusion. (NOTE Registered Agent separate required when recursive) 9. This corporation is eligible to satisfy its Intamploite Task filing requirement and elects to do so. (See citeria or book) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE WARR 13. STREET ADDRESS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Charge Additions 17. OFFICERS AND DIRECTORS IN 11 THE WARR 18. STREET ADDRESS 17. ST. 2P 18. Deade													
2. 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 STREAMS, 1960 or Switted raise of engineer agent and little if applications. SIGNATURE STREAMS, 1960 or Switted raise of engineer agent and little if applications. (NOTE: Preguenced Agent signature required when relocated) 10.	350 PONTE	VEDRA BLVD.				Street Addres	s (P.O. Bo	ox Number is Not Acc	eptable)				_
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 9. This corporation is eligible to satishy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing 45.00 May B Affect MAY (2001 Fogwill be \$550.00) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 13. PONTE VEDRA BLVD TITLE 14. OTFICERS AND DIRECTORS IN 11 TITLE 15. OBelds 16. Election Campaign Financing 16. Election Campaign Financing 16. Election Campaign Financing 17. Added to Fees 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 15. OFFICERS AND DIRECTORS IN 11 TITLE 16. OBelds 16. Election Campaign Financing 17. Election Campaign Financing 18. Election Cam		DRA	FL										
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Robert M Sjüdzinski pd 05/01/2001	NAME STREET ADDRESS			☐ Delete	NAM STRE	EET ADDRESS			11 -		Change	☐ Addition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	of the cor changed,	poration or the receiver or on an attachment with	rrental report is tru or trustee empowe h an address, with	le and accurate and that mered to execute this report a leaf to execute this report a leaf to execute this report a leaf to execute the empowered.	y signa is requi	ture shall have tr	e same le 607, Floric	egal effect as if made da Statutes; and that n d d	under oath; th ny name appe	at I am ar ars in Blo	officer of the state of the sta	ar disastar	

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