

DOCUMENT # J37692

Principal Place of Business	Mailing Address
3700 N.W. 124TH AVE., #104 CORAL SPRINGS FL 33065	3700 N.W. 124TH AVE., #104 CORAL SPRINGS FL 33065-2431

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		
		Name

BURKER, LARRY 3700 N.W. 127TH AVE., #104 CORAL SPRINGS FL 33065	Street Address (Include Apt. #)
	City

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

SIGNATURE _____ (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) ☐

11. OFFICERS AND DIRECTORS		12.	
TITLE	NAME	TITLE	NAME

NAME	BURKER, LARRY	NAME	
STREET ADDRESS	3700 NW 127TH AVE., #104	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	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
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STREET ADDRESS		STREET ADDRESS

CITY-ST-ZIP		CITY-ST-ZIP	
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6075 of the Internal Revenue Code, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if I were the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Internal Revenue Code, and that the information has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2982970	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent	

O. Box Number is Not Acceptable)

FL	Zip Code
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d agent, or both, in the State of Florida.

when reinstating) _____ DATE _____

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

1 ☐ Change ☐ Addition

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

mb

CR2E034 (9/99)