DOCUI	MENT # J43202 exvice, inc.		RT (U	BR)	Apr 12, 20	LED 01 08:00 y of Stat		ē.	
Principal Place 610 GARDENIA VERO BEACH 32963	A LANE	Mailing Address % BAYARD V. ROBB POST OFFICE BOX 3965 VERO BEACH 32964	FL						
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			. FEI Number 59-2747961			plied For]
Zip Country		Zip	Country		. Certificate of Status Des		Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of i			<u> </u>	┨
ROBB, BAY 610 GARDE VERO BEA	INIA LN	FL			BAYARD VPRES. (P.O. Box Number is Not Acceptable)				
32963	named entity submits this statement for			O BEACH	- <u> </u>	FL	Zip Code 32963	-	
Tax filing r	BAYARD V. ROBB Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	FEE IS \$1	e \$550.00	n reinstating) 10. Election Campai Trust Fund Contr		\$5.00	0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND D	IRECTORS	IN 11	_ [
TITLE NAME STREET ADDRESS	DST ROBB, CAROLYN T. 610 GARDENIA LN	☐ Delete	TITLE NAME STREET ADDRI	DST ROBB SS 610 GAR	CAROLYN T DENIA LN		X Change	Addition Addition	E034 (11/00)
CITY-ST-ZIP	VERO BEACH	FL 32963	CITY-ST-ZIP	VERO BE	EACH	FL 32	2963		3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBB, BAYARD V. 610 GARDENIA LN VERO BEACH	☐ Delete .	TITLE NAME STREET ADDRI	DP ROBB ESS 610 GARI VERO BE	BAYARD V DENIA LN		X Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP			<u></u>	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP				Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my owered to execute this report as	CIMPATITE CH	all have the com	is lead offer as if made	محما فمطة بطفحه ممامد			
SIGNAT		PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		DP 04/12/200 Date		time Phone #		