FOR PROFIT CORPORATION UNIFORM RUSINESS DEPORT (III

FILED May 01, 2002 8:00 am Secretary of State

DOCI	JMENT#	······································		n,	05-01-2002 9	91561 021 ***150.00
1. Entity Na	ame	5977	18		:	
	DOSH REALTY			/	į	
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	DO NOT WOITE	IN THE O				
	DO NOT WRITE	IN THIS S	PACE			
	Place of Business	3. Mailing Address	·····			
2901 W. Busch Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc.						
Suite 1010					DO NOT WRITE IN THIS SPACE	
Tampa,		City & State			4. FEI Number 59-2851409	Applied For
33 6 18	Country Hillsborough	Zip	Country			Not Applicable \$8.75 Additional
					7. Name and Address of Current Reg	Fee Required
	DO NOT W	DITE	-	Fred B.	Share	
DO NOT WRITE IN THIS SPACE				treet Address (F	P.Q. Box Number is Not Acceptable) idgewood Ave.	
	IN THIS SP	AUE				
			C	Holdy H	H11	FL Zig 29th 7
8. The above	e named entity submits this statement for t	he purpose of changing its	registered o	ffice or registere	ed agent, or both, in the State of Florida.	• - 3211/
SIGNATURE						
	Signature, typed or printed name of registered agent and			int signature required v	when reinstating)	DATE
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May	1, Fee is \$3	550.00	10. Election Campaign Financir	9 \$5.00 May Be
(See crite	ria on back)	Make Check Payab	l UBR is \$6 le to Depar	11.25 tment of State	Truct Fund Contribution	Added to Fees
11.	OFFICERS AND DI	RECTORS			et Special or a	
NAME	Shirley M. Fergusor 814 Oak Park Place	T FDS	TITLE NAME	PD		P
STREET ADDRESS CITY-ST-ZIP	Brandon, FL 33511		STREET ADO			
TITLE	TD		TITLE			
NAME STREET ADDRESS	Donald E. Ferguson		NAME			: 2
CITY-ST-ZiP	_814 Oak Park Place Brandon, FL 33511		STREET ADI		المراجع المراج	∀
title Name	Draikon, 11 55511		TITLE			
STREET ADDRESS			NAME STREET ADD	RESS	DO NOT W	
TITLE			CHY-ST-ZI	P	DO NOT W	KIIE
3MAI			TITLE NAME		IN THIS SP	ACE
STREET ADDRESS STY-ST-ZIP			STREET ADD	Į.		
TILE			TITLE		·	
IAME TREET ADDRESS			NAMÉ.			
ITY-ST-ZIP	•		STREET ADD	1		
ITLE AME			TITLE			,
TREET ADDRESS			NAME STREET ADDI	RESS		•
TY-ST-ZIP	ortify that the information and it is in its		CITY-ST-ZIP		·	
indicated of the corp	ertify that the information supplied with this on this report or supplemental report is tru ocration or the receiver or trustee empow It with an address, with all other like empor	string does not qualify for the e and accurate and that my ered to execute this report.	ne exemption signature shas required:	n stated in Sectional have the sar	on 119.07(3)(i), Florida Statutes. I furthe ne legal effect as if made under oath; th	r certify that the information at I am an officer or director
attachmen	t with an address, with all other like empor	wered.	as required :	оу Спарісі 607,	rionua statutes; and that my name ap	ocars in Block 11 or on an
SIGNAT	URE: Shurley M.	Leighton	4/	9/02	813) 662-5	751
	SIGNATURE AND TWEED OR PRINT	ED NAME OF SIGNING OFFICER OR	DIRECTOR		Oate	Daytime Phone #