DOCUMENT # K19289 1. 6risty street FPICIDIAL PRICE of Survivors	2001	UNIFORM BUSI	NESS REPO	RT	(UBF	R)	FIL	E D			
SURP ACTION OF PRIAMED AND PRI	DOCUMENT # K19289 1. Entity Name					Apr 06, 2001 08:00 AM					
SURIL- PARE F. 980 SURIL-PARE F.	% GEORGE F6 5673 PINE AVE ORANGE PARI	RANK GRADY NUE	% GEORGE FRANK GRADY 5673 PINE AVENUE ORANGE PARK		FL						
Applied For No. State Applied For Applie											
Country Country Society Soci	5673 PINE AVE	INUE	5673 PINE AVENUE				DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent CRADY, GEORGE FRANK 673 PINE AVE CRADY, GEORGE FRANK 674 PINE AVE CRADY, GEORGE FRANK 675 PINE AVE CRADY, GEORGE FRANK 677 PINE AVE CRADY, GEORGE FRANK 678 PINE AVE CRADY, GEORGE FRANK 678 PINE AVE CRADY, GEORGE FRANK 679 PINE AVE CRADY, GEORGE FRANK 679 PINE AVE CRADY, GEORGE FRANK 679 PINE AVE 670 PINE AVE 679 PINE AVE 670 PINE	ORANGE PARK FL		ORANGE PARK						N	ot Applicable	
RADY, GEORGE FRANK \$673 PINE AVE CRADY, GEORGE FRANK \$1	•	Journal	1 '	Coun	шу	5.	Certificate of Status Desire				
City ORANGE PARK FL Zip Code 32885	GRADY, GEORGE FRANK 5673 PINE AVE				GRADY, Street Ad	GEORGE FE	RANK		gent		- - -
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE STORY OF POWER PROPOSED APPLIES AND ADDRESS OF THE POWER PROPOSED APPLIES AND ADDRESS OF THE ADDRESS						E PARK		FL.	, .	de	
TITLE D MOORE, MADELINE JOYCE STREET ADDRESS SETS PINE AVE CITY-ST-ZIP ORANGE PARK FL SIDERIA DORESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MA	9. This corpo	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	nd title if applicable. (NOTE:	Registere	d Agent signat. IS \$150.0 Will be \$5	re required when r	einstating) 10. Election Campaign	O4/06/	\$5.0		- Company of the second
MOORE, MADELINE JOYCE SIREST ADDRESS S673 PINE AVE STREST ADDRESS S673 PINE AVE GRADY, GEORGE FRANK STREST ADDRESS S	11.			12.		ΑŪ	ODITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 11	_ [
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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 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	NAM STRE	e et address				☐ Change	Addition	
includated on this leptor to 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 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE CITY	E Et adoress -St-Zip				_ ,		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	of the corp changed,	on this report of suppliermental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report a ith all other like empowered. ADY	s requi	ture shall ha	ave the same pter 607, Flori	legal effect as if made undida Statutes; and that my note	ler oath; that I ar ame appears in	m an office Block 11 c	a ar diractar	-

Daytime Phone #