

70030

The seal of the State of Florida is circular. It features a central illustration of a palmetto tree growing on a small island in the middle of a body of water. A ship is visible on the water to the right. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

FILED

06 APR 25 PM 3:22

Mailing Address

16313 N. DALE MABRY HWY.
STE. 100
TAMPA FL 33618

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number **59-2915045**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
-----	------------------------

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, W.R.	
STREET ADDRESS	16313 N. DALE MABRY HWY, #100	
CITY-ST-ZIP	TAMPA FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTON, LESLIE	
STREET ADDRESS	16313 N. DALE MABRY HWY, #100	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	VP	<input type="checkbox"/> Delete
NAME	KATHMAN, GUY	
STREET ADDRESS	16313 N. DALE MABRY HWY, #100	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME 000072036640
STREET ADDRESS 04/26/06--01008--001 **2450.00
CITY, ST, ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		


TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

 Warren R. Nelson

4-14-06

Date _____

Daytime Phone #