	O UNIFORM BUSI			7/12/00-90145-024-\$150.00-\$150.00	
Entity Nam	IMENT # K387; LL J. THOM	•	CALPHY TA	FILED SECRETARY OF STATE SECRETARY OF STATE SIVISION OF CORPORAT	IE Tons
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iite, Apt.	Place of Business	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
					
ity & Stat	te ,	City & State			ed For opticable
р	Country	Zip	Country	.5. Certificate of Status Desired S8.75 Addition Fee Required	onal
1	6. Name and Address of Current R	tegistered Agent		7. Name and Address of New Registered Agent	
ARI	L J. THOME		Name		
' 3 7'	4 PA ASS. 5	• • •	Street Address	P.O. Box Number is Not Acceptable)	
- •	,	•		·	
ノムイ	LES, R 3	4/02	City	FL Zip Code	
above	named entity submits this statement for	the purpose of changing it	ts registered office or registe	red agent, or both, in the State of Florida.	•
, TI 100	Y			•	
ATURE .	Signature, typed or printed name of registered agent an				
		nd title if applicable. (NO	TE: Registered Agent signature require	when reinstating) DATE	
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