2001 UNIFORM BUSINESS REPORT (UBR)

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MARKEY & FOWLER, P.A. 410 W. MERRITT ISLAND FL 32953 Sitest 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 agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed turn of registered agent and ties it applicable (NOT) Make Check P / Abic to Department of State 9. MANAGING MEMBERS / MEMBERS TILL NAME SIREIT ADDRESS OITY-ST-ZIP TILL Delete NAME SIREIT ADDRESS OITY-ST-ZIP TILL NAME S	Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
MARKEY & FOWLER, P.A. 410 W. MERRITT AVE. MERRITT ISLAND FL 32953 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Signature, nyced or printed name of registered agent and size if applicable Will FEE IS Signature to registered agent, or both, in the State of Florida. SIGNATURE Signature, nyced or printed name of registered agent and size if applicable Make Check Ps able to Department of State 9. MANAGING MEMBERS / MEMBERS MARKEY & MANAGING MEMBERS / MEMBERS ITTLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIRET ADDRESS CITY-ST-ZIP DELete SIRET ADDRESS CITY-ST-ZIP DELete SIRET ADDRESS CITY-ST-ZIP DELET CITY-ST-ZIP DELET SIRET ADDRESS CITY-ST-ZIP DELET SIRET ADDRESS CI		6. Name and Address of C	Current Registered Agent]
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### Part SLAND FL 32953 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title applicable (NOT) Registered Agent Signature required when reinstating) DATE				Street /	et Address (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typad or printed name of registered agent and little if applicable (NOT) Registered Agent signature required when reinstating) DATE						1
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. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOT) Registered Agent signature required when reinstating) DATE FILE N W!!! FEE IS \$50.00 Make Check Pa above to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY	MICHARITE	OLAND 1 L 32300		City	FL Zip Code	
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent Eignature required when reinstating) FILE N. W. !! FEE \$ \$50.00 Make Check Pa able to Department of State	8. The above	named entity submits this state	ement for the purpose of changing its	registered office of	e or registered agent, or both, in the State of Florida.	1
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