2001 UNIFORM BUSINESS REPORT (UBR)

SON ACCOUNTY S. Certificitie of Status Dealerd S. Name and Address of Current Registered Agent FECHAND IS A MOTHE 7 A.J. S. E. 17 TK STREET SC 24 O FORT HAUNER DANE, FU, 3333 6 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its significance of office or registered agent, or both, in the State of Florida. SIGNATURE SI	7-200		INESS REPU	,	(UDN)	7	•			
Principal Place of Business 73 S.E. T Struct \$5 200 Four Struct \$6 200 Four St	1		5344		y ~. — ₁₁₆			FILED		
TALLAHASSEE, FLORIDA	POWER	GROUP SERVICES LL	С				01 MA	Y -2 Ph	1 1: 3	6
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City & State St	2. Principal	Place of Business	3. Mailing Address							
EARLY COUNTY Zip Country S. Confliction of Status Desired Country Special Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name TO A I S.E. 171K STREET State Co. Street Address (P.O. Box Number is Not Acceptable) For The ADDER DADE, F.D. 333 6 City FL Zip Code 8. The above rained entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Fortida. SCHATURE	Suite, Ap	it. #, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SI	PACE	
S. Certificate of Status Desired Fee Required No. 5. Certificate of Status Desired Agent FEE Required No. 5. Certificate of Status Desired Agent FEE Required Agent FEE Required No. 5. Certificate of Status Desired Agent FEE Required Agent F	City & Sta	ate	City & State			4. FEIN	lumber - 106 437	70		pplied For lot Applicable
FERNAND LAMOTHE 73 S.E. 17TK STREET Std 34 0 FORT LAUBERDADE, FU, 333 6 City FL Zip Code City FL Z	Zip			Cou	ntry		<u> </u>	- LJ F	ee Require	
STORATURE					Name	7. Name	and Address of New F	Registered Ac	gent	
FORT LANDERDADE, FU, 333 6 City FL Zip Code 8. The above named enerty submits this statement for the purpose of changing its agistered office or registered agent, or both. In the State of Florida. SIGNATURE OFFICE NORTH AUDICAGE CONTROLLING STATE OF STATE CONTROLLING STATE AUDICAGE CONT				co.		P.O. Box N	umber is Not Acceptable			·
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Signature hypersor printed name of lagorated agent and she it approached NOTT Registered Agent agricular recognition which improve the company of the product of State	8. The above	e named entity submits this statement fo	r the purpose of changing its	əgister	red office or registere	ed agent, c	or both, in the State of Flo	orida,		
### Part Fee State ### Part Fee S	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registeri	ed Agent signature required to	when reinstatir	g)	DATE		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS			NAM STRI	EET ADORESS		600004: -05/23 *****	3032 /0101	206 117	Addition 3 024 50.00
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