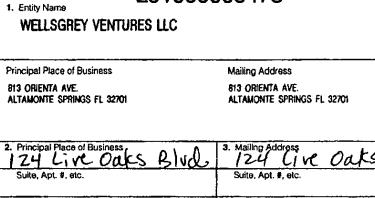
DOCUMENT # L0100006473

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

05-08-2002 90076 039 ****50.00







| 2. Principal F 124 Suite, Apt. | Place of Busin Live C | ts B | lucl. | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | |
|---|---|--|---|----------------------------|------------------------------|--|---|-----------|------------------------|--------------|---------------------|------------------------------|-----------------------|---------------|--|
| Cassel berry , FL | | | Casselber | FO | | 4. FEI Number 59 | 3 | 72 | 004 | 14 | | oplied For lot Applicable | | | |
| 32 | 707 | Country USA | ^{Zip} 32707 | Cour | USA | | 5. Certificate of | Status | Desired | | | .00 Ad B Requir | | | |
| | 6. Name | | | | | | | | | | 7- | | | | |
| ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLLA AVE. SUITE 201 ORLANDO FL 32802 | | | | | | 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. | | | | | | | | | | | | | | | |
| SIGNATURE . | SIGNATURE Signature, typed or printed name of registered agent and lide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Que By May 1, 2002 | | | | | | | | | | | | | | | |
| 9. | | | | | | | MEM | MC | DITIONS | /CHANG | ES | l Change | - Addition |]_ | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | 1 | E ET ADORESS -ST-ZIP | MICH 134 WW | HAEL SE 3 ALBER | 1N) TH | DUL | 6 327 | | Change | Addition | CR2E083 (9/01 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Deletz | | | | | | , , , , , | | | Change | Addition | 18 | |
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| TITLE :: NAME STREET ADDRESS CITY-ST-ZIP | | | Dekte | CITY- | T ADDRESS ST-ZIP | | | | | | | Change | Addition | | |
| 11. I hereby ce indicated of limited liab | ertify that the i | nformation supplied with the true and accurate and the | his filing does not qualify for the hat my signature shall have the empowered to execute this re- | he exem e same | nption state legal effect | d in Secti as if mad | ion 119.07(3)(i), Flore under oath; tha | orida S | statutes. I a manag | further co | ertify ti ber or | nat the ir manage | lormation r of the | | |

SIGNATURE: MICHA ELISEINNE SENTINE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGONG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE