## FILED Jun 20, 2003 8:00 am Secretary of State

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1. Entity Nan	MENT # LO20000	•						
Principal Place of Business Mailing Address					44004822			
3001 EASTLAND BLVD. 2519 N. MCMULLEN BOX			ROAD	<b>\</b>				
		510-346 CLEARWATER FL 33761		- }				
CLEANWATEN	rt saroi	GLEADWATER FL 39701						1
2. Pripajpal Place of Business 3. Mailing Address 3. Mailing Address								j
Suite, Apt.	SULTE /	Suite, Apt. #, etc.			CHECK HERE IF M	AKING CHAN		
. City Stat	EAKWATER FL	City & State		4. FE Num	0000296		Applied For Not Applicab	ole
Zip 90	Country Country	Zíp	Country	5Certifica	te of Status Desired	\$5.00 Fee Re	Additional	
===52	6. Name and Address of Current S	egistered Agent	<del></del>	7 Name a	nd Address of New Regis			$\dashv$
-		÷	Name _	,, <u>1521</u>				7
BELISLE, CAROL J 3001 EASTLAND BLVD.			Street Addr	Street Address (P.O. Box Number is Not Apceptable)				
6B CLEARWATER FL 39761								$\dashv$
A second			City			FL Zip	Code	
8.÷The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	istered agent, or b	oth, in the State of Florida	. I am familiar	with, and accep	ot
the obligat	tions of registered agent.	1/1/1	•		44	7.71	_	- [
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<del></del>	Signature, typed or previous name of registered agent are		Registered Agent signature re			DATE	<del></del>	.
		Make Check Payable	Will FEE IS \$50. to Fiorida Depart By May 1, 2003		1			
<u> </u>		<u> </u>			4797751914			_}
9. Tirlé	MANAGING MEMBER	Delete	TITLE		ADDITIONS/CHA	Cha	nge 🔲 Additio	<u></u>
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11. I hereby	certify that the information supplied with the	nis filing does not qualify for th	ne exemption stated i	n Section 119.07(3	)(i), Floride Statules, I furth	er certify that t	he information	7
indicated	on this report is true and accurate and the bility company acthe receiver or trustee e	at my signature shall have the	e same legal effect as	s if made under pai	n; that I am a managing n	nember or man	ager of the	
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