DOCUI	MENT # L17453 ERLING, INC.	INESS REPU	KI (UBK)		FIL Apr 30, 20 Secretary 04-30-2001 9010	01 8:00 y of Sta		
Principal Place of Business C/O R. KELLEY JOHNSON 18167 US HWY. 19 N STE. 660 CLEARWATER FL 33764 JS		Mailing Address C/O R. KELLEY JOHNSON 18167 U.S. HWY 19 N., STE. 660 CLEARWATER FL 33764 US			A 0060394		- -	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	4. FEI Number 59-2973777 App.ied For			
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desircd	\$8.75 Add		
	6. Name and Address of Current	Registered Agent			me and Address of New Regist	Fee Require	d 	
Johnson, R. Kelley								
18167 US HWY 19 N			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	E 600 ARWATER FL 33764		City			Zip Cod	e	
8. The above	named entity submits this statement fo	or the purpose of changing its	s registered office or regi	stered ager	nt, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and the if applicable. (NO	TE ⁻ Registered Agent signature req	uired when rein	stating)	DATE		
9. This corporation is eligible to satisfy its Intangible l'ax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2 Make Check Paya	III FEE IS \$150.00 001 Fee will be \$550.0 ble to Department of \$	State	10. Election Campaign Financir Trust Fund Contribution.	Addec	0 May Be I to Fees	
11. TITLE	OFFICERS AND		12. Tifae	ADD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
AME STREET ADDRESS SITY - ST - ZIP	Johnson, Richard C. 18167 U.S. Hwy. 19 N ., Ste. 6 Clearwater Fl		NAME STREET ADDRESS CITY - ST - ZIP			ondingo		
ITLE NAME STREET ADDRESS CITY-ST-ZIP	dp Johnson, Betty K. 18167 US Hwy. 19 N., Ste. 66 Clearwater Fl	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	-		🗌 Change	Addition	
STILE NAME STREET ADDRESS CITY - ST - ZIP	VP Johnson, R. Kelley 18167 US Hwy 19 N., Suite 66 Clearwater Fl	Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP		······································	🗌 Change	🛄 Addition	
NTLE NAME STREET AODRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Charge	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition	
13 Lhereby	certify that the information supplied wit	is true and accurate and that	' my eignatura ehall hava '	the come le	and affect on if made under eath:	that Loro on officer	or director	
of the co	roporation or the receiver or trustee emp l, or on an attachment with an address,	NUMBER IN EXECUTE THE READ	rt be required by Chapter	607, Florid	a Statutes; and that my name ap	pears in Biock 11 o	r Block 12 if	