

DOCUMENT # L32127

1. Entity Name

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 4939 ROCK SPRINGS ROAD APOKA FL 32712-5751 | 4939 ROCK SPRINGS ROAD APOKA FL 32712-5751 |

Mailing Address
4939 ROCK SPRINGS ROAD
APOPKA FL 32712-5751

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PSTV | <input type="checkbox"/> Delete |
| NAME | OLDFIELD, DEBORAH | |
| STREET ADDRESS | 26435 BAIRD AVE. | |
| CITY-ST-ZIP | SORRENTO FL | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

| TITLE | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | <input type="checkbox"/> Deleted |
|-----------------|----------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)