

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
04-20-2001 90168 033 \*\*\*155.00

### 1. Entity Name

04-20-2001 90168 033 \*\*\*155.00

Mailing Address

821 WOODCREST AVENUE  
CLEARWATER FL 34616

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number **59-3024919**

Applied For
Not Applicable

Country

Zip

Country

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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☐ Delete

 Delete

☐ Delete

 Delete

☐ Delete☐ Delete☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition

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

April 16, 2001 727-443-7076

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/00)