APPROVEL

2001 UNIFORM BUSINESS REPORT (UBR)

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City & State City & State Country Country Country Country Country Country Country S. Cartificate of Status Desired S. Name and Address of New Registered Agent Name SHANLEY, GERI L 13221 NW MILLHOPPER GAINESVILLE FL 32653 City FL City FL Zip Code S. The above named onlity 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 neme of registered agent and the Facylinatus. (ICTE: Registered Agent agent are signature registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent and the Facylinatus. (ICTE: Registered Agent agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent and the Facylinatus. (ICTE: Registered Agent agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent and the Facylinatus. (ICTE: Registered Agent agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed neme of registered agent are registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed agent and the Facylinatus. (INCTE: Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed agent and the Facylinatus. (INCTE: Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed agent and the Facylinatus. INCTE: Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed ag	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			7				
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CITY- TITLE NAME STREE	T ADDRESS			[Change	Addition	

MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date