	B MELLAS ST GRAMATER FL 30756 DO PRELLAS ST CLEARWATER FL 30756 DO NOT WHITE HI THIS SPACE DO NOT WHITE HI THIS SPACE ON NOT WHITE HI THIS SPACE City & State City & State	DOCU 1. Entity Nam	MENT # M80677					A	pr 16, Secret		1 8:0 of Sta	
LARMATER FL 3375 LARMATER FL 3375 LARMATER FL 3375 L Principal Place of Business A. Malling Address Bots A. Malling Address Bots A. Malling Address Bots A. Malling Address Bots Bots Bots Bots Bots Bots Bots Bo	CARAMATER FL 33756 CLEARMATER FL 33756 USAMATER FL 33756 Default R Address A. Mailing Address Do NOT WRITE IN THIS SPACE OO NOT WRITE	Principal Plac	e of Business	Mailing Address								
S US UB (UB (UB (UB (UB (UB (UB (UB (UB (UB (US UPO 37388 UPO 3738 UPO 37388 UPO 3738 UPO 3738 UPO 37388 UPO 3738 UPO 3738 UPO 3738 UPO 373		•									
State, Apt. 4, etc. Suite, Apt. 4, etc. Do NOT WRITE IN THIS SPACE City & State City & State A period For Zip Country Zip Country A period For Zip Country Zip Country B. Centicase of Status Desmed BS 75 Additional Fee Regulated Zip Country Zip Country Country Country Status Desmed BS 75 Additional Fee Regulated CHSTMIN, RCHARD A. 1000 PINELLAS ST CLEARWATER FL 33758 Name Name Name Status Apt. RCHARD A. 1000 PINELLAS ST CLEARWATER FL 33758 Status Additess (P.O. Box Number is Not Additess of Forita SIGNATURE Tax titing regulatement for the purpose of changing its registered detice or registered agent, or both, in the State of Forita Mate 3GNATURE Tax titing regulatement and elects to a rost, were displane to a rost, for the purpose of changing its registered agent, or both, in the State of Forita Mate 10 Cector Company on a eligible to a rost, were displane to a rost of the purpose of changing its registered agent, or both, in the State of Forita Mate 20 CFFCERS AND DIRECTORS PFLE NOW!!!! FEE IS 5150.00 Name Name 10 Cecton Company on eligible to a rost, or or of the purpose of changing	Suite Suite Suite Do NOT WHITE IN THIS SPACE City & Suite Dity & State Applied for The Regulated Applied for The Regulated Zip Country Zip Country S. Certificate of Status Desired S. 75 Addinatil Fee Regulated City & State Name and Address of Current Registered Agent	LEARWATER F S		•		2			DI	0373	88	
State, Apt. 4, etc. Suite, Apt. 4, etc. Do NOT WRITE IN THIS SPACE City & State City & State A period For Zip Country Zip Country A period For Zip Country Zip Country B. Centicase of Status Desmed BS 75 Additional Fee Regulated Zip Country Zip Country Country Country Status Desmed BS 75 Additional Fee Regulated CHSTMIN, RCHARD A. 1000 PINELLAS ST CLEARWATER FL 33758 Name Name Name Status Apt. RCHARD A. 1000 PINELLAS ST CLEARWATER FL 33758 Status Additess (P.O. Box Number is Not Additess of Forita SIGNATURE Tax titing regulatement for the purpose of changing its registered detice or registered agent, or both, in the State of Forita Mate 3GNATURE Tax titing regulatement and elects to a rost, were displane to a rost, for the purpose of changing its registered agent, or both, in the State of Forita Mate 10 Cector Company on a eligible to a rost, were displane to a rost of the purpose of changing its registered agent, or both, in the State of Forita Mate 20 CFFCERS AND DIRECTORS PFLE NOW!!!! FEE IS 5150.00 Name Name 10 Cecton Company on eligible to a rost, or or of the purpose of changing	Suite Apt. 4. ecc. Suite Apt. 4. etc. DD NOT WHITE IN THIS SPACE City & State City & State DD NOT WHITE IN THIS SPACE City & State DD NOT WHITE IN THIS SPACE City & State DD NOT WHITE IN THIS SPACE City & State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State Country State DD NOT WHITE IN THIS SPACE City & State City Country City & FL Zip Country City & FL City									i I ra f Dirit a hik		
City & State City & State 4. FEI Number 59-2886841 Applied For Zip Country Zip Country Zip Country S. Centificate of Status Deered S. 7. Statishing Zip Country S. Centificate of Status Deered S. 7. Statishing S. Centificate of Status Deered S. 7. Statishing CRISTIN, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33756 Name Name Name Regulated City FL Zip Code Name Name Street Address of New, Registered Agent	City & State City & State A. FELHUmber 59-2886841 Applied For Dist Applied For Post Ap	2. Principal P	lace of Business	3. Mailing Address								
Zip Country Zip Country Zip Country Status Desired Status Desired <td< td=""><td>Street Address of Current Registered Agent The Applied 20 Country Zip Country S. Gurtificate of Status Desired S7.27.6.Address of New Registered Agent CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 Name and Address of New Registered Agent Name CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 Street Address (P.O. Box Number Is Net Acceptable) Street Address (P.O. Box Number Is Net Acceptable) CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Piorida. GNA FURE Gove train on back OFFE Regress Agent systemes devisations? OFFE Gove train on back? FLE NOW!!! FEE IS 3150.00 After MAY 1, 2001 Fee with back stote 10. Election Compatign Hinarding \$5.00 May be Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 New E V OFFICERS AND DIRECTORS 112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 V OFFICERS AND DIRECTORS</td></td<> <td>Suite, Apt.</td> <td>#, etc.</td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td></td> <td></td> <td>DO NOT WR</td> <td>ITE IN THIS S</td> <td>SPACE</td> <td></td>	Street Address of Current Registered Agent The Applied 20 Country Zip Country S. Gurtificate of Status Desired S7.27.6.Address of New Registered Agent CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 Name and Address of New Registered Agent Name CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 Street Address (P.O. Box Number Is Net Acceptable) Street Address (P.O. Box Number Is Net Acceptable) CRISTINI, RICHARD A. 1000 PINELAS ST CLEARWATER FL. 33756 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Piorida. GNA FURE Gove train on back OFFE Regress Agent systemes devisations? OFFE Gove train on back? FLE NOW!!! FEE IS 3150.00 After MAY 1, 2001 Fee with back stote 10. Election Compatign Hinarding \$5.00 May be Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fires V OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 New E V OFFICERS AND DIRECTORS 112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 V OFFICERS AND DIRECTORS	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS S	SPACE	
Zip Country Zip Country Zip Country Status Desired Status Desired <td< td=""><td>Zin Country Zip Country Sign 2000041 Sign 257 Austrictual root Required Zin Country Zip Country Sign 257 Austrictual root Required Sign 257 Austrictual root Required CRISTINI, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33756 Name Name Crity FL Zip Code The above named entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Govername and entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Govername and entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Expense Agent agreeme than a rotifier i destate// OPEE Regioned Agent agreeme than a rotifier i destate// DME Crity FLE NOW!!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Mate Check Payable to Depariment of State Destered Comparign Financing \$4650 of Demparity in the state of Piorida. View criteria on back? OFFICERS AND DIRECTORS 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 View criteria on back? OFFICERS AND DIRECTORS 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vie</td><td></td><td></td><td>014.8 04444</td><td colspan="3"></td><td>T bluesk av</td><td></td><td></td><td></td><td>plied For</td></td<>	Zin Country Zip Country Sign 2000041 Sign 257 Austrictual root Required Zin Country Zip Country Sign 257 Austrictual root Required Sign 257 Austrictual root Required CRISTINI, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33756 Name Name Crity FL Zip Code The above named entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Govername and entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Govername and entity submits the statement for the purpose of changing its registered diffee or registered agent, or upp, in the State of Piorida. GNA FURE Expense Agent agreeme than a rotifier i destate// OPEE Regioned Agent agreeme than a rotifier i destate// DME Crity FLE NOW!!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Mate Check Payable to Depariment of State Destered Comparign Financing \$4650 of Demparity in the state of Piorida. View criteria on back? OFFICERS AND DIRECTORS 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 View criteria on back? OFFICERS AND DIRECTORS 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vie			014.8 04444				T bluesk av				plied For
Change and Address of Current Registered Agent Change Carrent Registered Agent Change Cha	C. Hame and Address of Current Registered Agent T. Name C. Hame and Address of New Registered Agent T. Name C. Hame and Address of New Registered Agent T. Name C. Name and Address of New Registered Agent T. Name C. Name S. S. O.	City & State	e .	City & State			4. 1	-EI NUMDer	59-288684	1		
C. Name and Address of New Registered Agent CRISTINI, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33756 City FL Zp Code City FL City FL Zp Code City FL Zp Code City FL Zp Code City FL City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL City City City FL City FL City FL City Cit	CHISTINI, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33756 City FL Zip Code Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code S5.00 May be Added or Do City S5.00 May be City	Zip	Country	Zip	Coun	try	5. (Certificate of	Status Desired			
CRISTINI, RICHARD A. 1000 PINELLAS ST CLEARWATER FL 33758 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Cfv FL Zp Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or beth, in the State of Florida. State of Florida. SIGNATURE Signature, special price or price take of digities to statisfy the fundaption (See oritoria on back) DNE a. The corporation is eligible to statisfy the fundaption (See oritoria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Truck Fund Contribution. \$500 May Be Addido to Pees Truck Fund Contribution. New Expenses FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Truck Fund Contribution. Charge (Data) New Expenses Int L Int L Charge (Data) Charge (Data) New Expenses Int L Int L Charge (Data) Charge (Data) New Expenses Int L Int L </td <td>CRISTINI, RICHARD A. 1000 PMELLAS ST CLEARWATER FL 33756 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. DNE GNATURE Sequence arread entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. DNE GNATURE Sequence are equipted experiment and elects to do so. Marce helps sequence agent agent</td> <td></td> <td></td> <td>gistered Agent</td> <td><u> </u></td> <td></td> <td>7N</td> <td>lame and A</td> <td>ddress of New</td> <td></td> <td></td> <td></td>	CRISTINI, RICHARD A. 1000 PMELLAS ST CLEARWATER FL 33756 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. DNE GNATURE Sequence arread entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. DNE GNATURE Sequence are equipted experiment and elects to do so. Marce helps sequence agent			gistered Agent	<u> </u>		7N	lame and A	ddress of New			
1000 PINELLAS ST CLEARWATER FL 33756 Cited R-Addisory 0.5 Constraints in the Restance of the purpose of changing its registered agent, or both, in the State of Forda. 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. SIGNATURE Gity FL Zip Code Signate, types or paried wave dregistered offer agetzets. (NOTE Registered agent, or both, in the State of Forda. SIGNATURE Gity FLE 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 40. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Intel FACIONS 0. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 77. 57.70 PTS Deete Trust Trust Fund Contribution. Change Addition (Change Addition MME 8. The RELARS SILE OH Deete Trust Singer Audition MME Change Addition MME Addition MME 9. The Internet Addition MME Deete Trust Trust Fund Contribution Change Addition MME 9. The Internet Addition MME Deete Trust Trust Fund Contribution Change Addition MME 9. The Internet Addition MME Deete Trust Trust Fund Contribution	Index PAULAS ST CLEARWATER FL 33756 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL City City City FL City City </td <td>n=</td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td>	n=					,					
CLEARWATER FL 33756 City FL Zip Code City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Separate, typed or prince/sever of registered agent, or both, in the State of Florida. SIGNATURE Separate, typed or prince/sever of registered agent, or both, in the State of Florida. SIGNATURE Separate, typed or prince/sever of registered agent, or both, in the State of Florida. This corporation is eligible to satisfy its Intergible FLE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 10. Election Campaign Financing Turust Fund Contribution. \$50,00 May Be Added to Feese 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition 11. OFFICERS AND DIRECTORS 12. Addition 11. OFFICERS AND DIRECTORS	CLEARWATER FL 33756 City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Intermediation of the State of Florida. Intermediation of the statement for the purpose of changing its registered agent, or both, in the State of Florida. Intermediation of the State of Florida. Intermediation of the statement for the purpose of changing its registered agent, or both, in the State of Florida. Intermediation of the State of Florida. Intermediation of the statement for the purpose of changing its registered agent, or both, in the State of Florida. Intermediation of the State of Florida. Intermediation of the statement for the purpose of changing its registered agent and state of Florida. Intermediation of the State of Florida. Intermediation of the statement and electron of the state of Florida. Intermediation of State of Florida. Intermediation of State of Florida. Intermediation of the statement and electron of the statement and electron of State of Florida. Intermediation of State of Florida. Intermediation of State of Florida. Intermediation of the statement and electron of the statement ano					Street Addre	ss (P.O. B	ox Number i	is Not Acceptab	ie)		
City FL Zip Code a. 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. State of Florida. SIGNATURE	City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. IGNATURE Graver, typer or pirture are addregated by the intergation OUTE Registered agent agest intergation OUTE State Charge agest agest agest intergation OUTE Registered agent agest intergation OUTE State Charge Agapte to Department of State 10. Election Campaign Financing Trust Fund Cantribution. \$5.00 May Be Added to Fees City OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 City State OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 City State OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 City State Ortel Trust Ortel Ortel PTS FACO, MICHAEL F. STREET ADDRESS Ortel Ortel 2675 CRANE CREEK PKWY STREET ADDRESS Ortel Change Addition Notifier Deele Trust Ortel Change Addition Notifier Deele Trust Ortel Change Addition Notifier Deele Trust Ortel Ortel Notifier Deele Trust<											
	The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Sequent, byset or prime laws of ingineers square and text statestate. (INTE: Registered Agent agents: neared whet instatement Sequents the indicatest of as a. Sequent tipe of prime laws of ingineers square and text statestate. (INTE: Registered Agent agents: neared whet instatement Sequents the indicates of as a. Sequent tipe of prime laws of ingineers square and text statestate. (INTE: Registered Agent agents: neared whet instatement Sequents and adjects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Checker Agabte to Department of State PTS COFFICERS AND DIRECTORS Sequent tipe agent and adjects to do so. DefficeRS AND DIRECTORS Sequent tipe agent a				City		-			Zin Code		
SIGNATURE	IGNATURE Signiful to paid or prime inverted registered spece and tite if applicate (NOTE. Registered Apent Agencue received when intenting) DNTE This corporation is eligible to satisfy its Intengable FILE NOW!!! FEE IS \$150.00 Atter 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 Foase Image: Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Image: Check Payable to Department of State The MME Check Payable to Department of State Image: PTS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Image: PTS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Image: PTS FAGO, MICHAEL F. STRETA DORESS Chr.st.2P Chr.st.2P Image: PTS Device ThE Office Streps Check Payable To Change Addition Image: PTS Operiod Office Streps Check Payable To Change Addition Image: PTS Operiod ThE Operiod Change Addition Image: PTS PTS Operiod ThE Operiod Change Addition					Слу				FL		,
TILE PTS Delete TTLE Change Addition AMAE STREET ADDRESS CITY-ST-2IP Change Addition TTLE Delete TTLE Change Addition MAME Delete TTLE Change Addition MAME STREET ADDRESS CITY-ST-2IP Change Addition MAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP TTLE Delete TTLE STREET ADDRESS CITY-ST-2IP CITY-ST-2	LE PTS Intelline Intelline Intelline Intelline MEE FAGO, MICHAEL F. 2575 CRANE CREEK PKWY STRET ADRESS Intelline MME VFST-2P BRECKSVILLE CH Intelline Intelline Intelline Intelline MEE Intelline Intelline Intelline Intelline Intelline ME Intelline Intelline Intelline Intelline Intelline Intelline ME Intelline Inteline Intel	(See criteria on back)			ble to D	•	State	te Trust Fund Contribution. Added to Fees				
Inter ADDRESS In	LE FAGO, MICHAEL F. FAGO, MICHAEL F. STRET ADDRESS STRET ADDRES	11.	· · · · · · · · · · · · · · · · · · ·				AD	DITIONS/CI	HANGES TO OF	FICERS AND	· · _	
Interf ADDRESS ANV-ST-ZIP 2575 CRANE CREEK PKWY BRECKSVILLE OH IffEET ADDRESS CITY-ST-ZIP ITLE Delete ITTLE NAME SIRET ADDRESS ITTLE NAME ITTLE Onelete ITTLE Onelete ITTLE Onelete ITTLE Onelete ITTLE Onelete ITTLE NAME ITTLE OTHY-ST-ZIP ITTLE <td>REFLADRESS 2575 CRANE CREEK PKWY STRET ADRESS REFLADRESS CITY-ST-2P CITY-ST-2P REFLADRESS STRET ADRESS CITY-ST-2P REFLADRESS CITY-ST-2P CITY-ST-2P REFLADRESS STRET ADDRESS CITY-ST-2P REFLADRESS CITY-ST-2P <</td> <td>NAME</td> <td></td>	REFLADRESS 2575 CRANE CREEK PKWY STRET ADRESS REFLADRESS CITY-ST-2P CITY-ST-2P REFLADRESS STRET ADRESS CITY-ST-2P REFLADRESS CITY-ST-2P CITY-ST-2P REFLADRESS STRET ADDRESS CITY-ST-2P REFLADRESS CITY-ST-2P <	NAME										
DRECKSVILLE OFT Delete TITLE Change Addflort INEER ADDRESS STREET ADDRESS STREET ADDRESS Change Addflort ITTLE Delete TITLE Change Addflort ITTLE Delete TI	DREVISIONLE ON Delete TTLE Delete Addition ME NAME STREET ADDRESS Delete Addition TV-ST-2P Delete TTLE NAME Delete Addition ME Delete TTLE NAME Delete Addition ME Delete TTLE NAME Delete Addition ME Delete TTLE NAME Delete Addition NAME STREET ADDRESS CITY-ST-2P	STREET ADDRESS	2575 CRANE CREEK PKWY									
Intelling Delete NAME SIREET ADDRESS SIREET ADDRESS INT-ST-ZP CITY-ST-ZP ITTLE Delete INV-ST-ZP CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE CITY-ST-ZP ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE Delete ITTLE CITY-ST-ZP ITTLE CITY-ST-ZP	Image: Street Address Image: Street Address IV: ST-ZP Image: Street Address IV: ST-ZP Image: Street Address III: E Image: Street Address III: E Image: Street Address III: E Image: Street Address IV: ST-ZP Image: Street Address III: E Image: Street Address IV: ST-ZP Image: Street Address		BRECKSVILLE OH									
Inter-St-ZP CITY-ST-ZP ITTLE Inter-St-ZP	International Constraints CITY-ST-ZIP INF. Delete INF. TITLE INF. NAME STREET ADDRESS CITY-ST-ZIP INF. Delete INF. STREET ADDRESS INF. STREET ADDRESS INF. Delete INF. Delete INF. Delete INF. Delete INF. INF. INF. Delete INF. INF. INF. Delete <td>TITLE NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td>	TITLE NAME							•			
ITLE ITLE Change Addition ITLE NAME STREET ADDRESS CTTY-ST-ZIP ITLE ITLE ITLE Change Addition ITLE ITLE ITLE ITLE Iter ADDRESS CTTY-ST-ZIP ITTLE ITLE ITLE Iter ADDRESS Iter ADDRESS <t< td=""><td>ILE Delete ITTLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE Change Addition ME NAME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE NAME Change Addition ME Delete TITLE NAME Change Addition ME Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition ME Delete TITLE NAME StREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition </td></t<> <td>STREET ADDRESS</td> <td>- x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ILE Delete ITTLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE Change Addition ME NAME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE NAME Change Addition ME Delete TITLE NAME Change Addition ME Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition ME Delete TITLE NAME StREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition	STREET ADDRESS	- x									
Intel Delete Intel NAME STREET ADDRESS CITY-ST-ZIP ITLE Delete ITTLE ITTLE Delete ITTLE ITTLE Delete ITTLE ITTLE Delete ITTLE ITTLE Oldete ITTLE ITTLE	ME NAME REET ADDRESS CITY-ST-ZIP ILE Delete ME STREET ADDRESS CITY-ST-ZIP Change Addition ME REET ADDRESS CITY-ST-ZIP LE NME REET ADDRESS ITTLE NME REET ADDRESS ITY-ST-ZIP LE Delete NME RET ADDRESS ITY-ST-ZIP LE Delete				· · ·		_ ~ ^				 Change	Addition
ITT-ST-ZP CTY-ST-ZP ITTLE Delete ITTLE NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CTY-ST-ZIP ITTLE Delete ITTLE Delete ITTLE ITTLE ITTLE Delete ITTLE ITTLE ITTLE Delete ITTLE ITTLE ITTLE	Introduction CITY-ST-ZIP Intel Delete Intel Intel ME NAME REET ADDRESS STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete NAME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete NAME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete MME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete INME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete INME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP Intel Delete ITTLE CITY-ST-ZIP Intel Change Addition INEET ADDRESS CITY-ST-ZIP Intel NAME STREET ADDRESS CITY-ST-ZIP Intel ADDRESS CITY-ST-ZIP Intel ADDRESS CITY-ST-ZIP Intel ADD	NAME			NAM	E						
ITTLE Delete TTTLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP CltY-ST-ZIP Change Addition TTTLE Delete TTTLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP Change Addition MAME STREET ADDRESS CITY-ST-ZIP Change Addition ITTLE Delete TTTLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TTTLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP Change Addition ITTLE Delete TTTLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition IS1 Hereby certify that the information supplied with	THE Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition TLE Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP LE Delete TITLE NAME Change Addition ME Composition or supplemental 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: ME MAG F. EA GO <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS				1						
STREET ADDRESS STREET ADDRESS JITY-ST-ZIP Delete TITLE Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITTLE Delete TREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITTLE Delete TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE Delete TITLE CITY-ST-ZIP ITTLE Delete TITLE CITY-ST-ZIP ITTLE Delete TITLE CITY-ST-ZIP ITTLE Delete STREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP <	REET ADDRESS. STREET ADDRESS TY-ST-ZIP Delete III.E Objecte MME NAME REET ADDRESS STREET ADDRESS IV-ST-ZIP Objecte III.E NAME REET ADDRESS STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Delete IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Delete IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Delete IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP III IIII IV-ST-ZIP CITY-ST-ZIP IIII STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII	TITLE		Delete							Change	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE Delete TITLE Delete TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITHE TADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITHE TADDRESS CITY-ST-ZIP ITHE TADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP IS. 1 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 app	IV-ST-ZIP CITY-ST-ZIP ILE Delete IME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP ILE Delete IV-ST-ZIP CITY-ST-ZIP ILE Delete IV-ST-ZIP CITY-ST-ZIP ILE Delete IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP CITY-ST-ZIP INE Delete IV-ST-ZIP CITY-ST-ZIP INE STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Change Addition STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 3. I hereby certify that the information supplied with this filling 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	NAME		•								
IAME IAME IAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE Delete ITTLE Delete IAME STREET ADDRESS CITY-ST-ZIP Change IAME NAME STREET ADDRESS CITY-ST-ZIP IS. 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.	MARE NAME REET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP ILE Delete MARE STREET ADDRESS IV-ST-ZIP Delete ITTLE Delete MARE STREET ADDRESS IV-ST-ZIP Change Addition MARE STREET ADDRESS IV-ST-ZIP STREET ADDRESS	STREET ADDRESS - CITY - ST - ZIP	್ಷಿ ಕ್ಷೇತ್ರ ಕ್ಷೇತ್ರೆ ಕ್ಷೇತ್ರ ಪ್ರಶಸ್ತಿ ಗ್ರಾಮಿಗಳು ಕ್ಷೇತ್ರಗಳು ನಗರ್ ಕ್				,					
STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ITLE Delete IAME TITLE IAME STREET ADDRESS CITY - ST - ZIP Change ISTREET ADDRESS STREET ADDRESS CITY - ST - ZIP Change ISTREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP IST 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.	REET ADDRESS STREET ADDRESS I'V-ST-ZIP CITY-ST-ZIP ILE Delete ME TITLE ME STREET ADDRESS I'V-ST-ZIP Change Addition ME STREET ADDRESS I'V-ST-ZIP	TITLE		Delete	τιτι	E					🗌 Change	Addition
SITY-ST-ZIP CITY-ST-ZIP ITILE Delete IAME TITLE IAME STREET ADDRESS SITY-ST-ZIP Change I3. 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.	IV-ST-ZIP CITY-ST-ZIP ILE Delete ME TITLE ME STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Intrest address STATE ADDRESS STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Intrest address IV-ST-ZIP STREET ADDRESS IV-ST-ZIP STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Interest address IV-ST-ZIP STREET ADDRESS IV-ST-ZIP CITY-ST-ZIP IV-ST-ZIP Interest address IV-ST-ZIP Interest add		-									
IAME NAME ITREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I3. 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.	ME REEF ADDRESS IY-ST-ZIP A. 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: MARK F. FAGO Y-S-01 Y40-838-8503	CITY-ST-2IP										
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I3. 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.	REET ADDRESS IY-ST-ZIP 3. I hereby certify that the information supplied with this filling 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: Mignature for the receiver or trustee of the control of the sective of the 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: Mignature for the section for the section for the sective of	TITLE	4 A .	Delete	TITL	E .					🔲 Change	Addition
 CITY-ST-ZIP CITY-ST-	ITY-ST-ZIP CITY-ST-ZIP CITY-S	NAME STREET ADDRESS	· · · · ·	4		-						
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.	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.	CITY-ST-ZIP										
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.	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.	13. [hereby c	certify that the information supplied with th	is filing does not qualify fo	or the exe	mption stated in	n Section	119.07(3)(i),	Florida Statutes	I further cert	ify that the in	formation
M-A OFT	IGNATURE: Michael F. FAGO 4-5-01 440-838-8503	of the cor	poration or the receiver or trustee empow	ered to execute this report	t as requi	red by Chapter	607, Florid	da Statutes;	and that my nar	ne appears i	Block 11 or	Block 12 if
	IGNATURE: 01/14 aul 4. tage MICHAEL F. FAGO 4-5-01 440-838-8503	changed,			••							