2001 UNIFORM BUSINESS REPORT (UBR)

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2. Principal F	Place of Busines	s 3.	Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					• 1	DO NOT WI	RITE IN T	HIS SPA	ACE		
City & Stat	le .		City & State			4.	FÉI Nun		4-180796	ì6 '	•		plied For at Applicable	
Zip Country			Zip Country				Certifica	ate of Sta	tus Desired			5.00 Add		
	6. Name ar	nd Address of Current Regis	stered Agent		Nome	7.	Name a	nd Addr	ess of New	Register	ed Ag	ent		
C T CORF	- Poration sy	STEM			Name Street A	ddress (P.O.	Box Nurr	ber is No	ot Acceptat	ole)				
- -	JTH PINE ISLA ON FL 33324									••				
I BARRAII	011 1 2 33021				City				,		FL	Zip Code	e	
8. The above	named entity s	ubmits this statement for the p	ourpose of changing its	registere	ed office or	registered a	gent, or t	ooth, in th	ne State of I	Florida.				
SIGNATURE .	Signature typed or r	printed name of registered agent and title	if applicable (NOT)	- Danistore			reinstation)	· 		DA	TF			
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NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #