2002 UNIFORM BUSINESS REPORT (UBR)

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent NAME Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and acceptable of registered agent and the registered Agent suprature required improvement agent and the registered Agent suprature required improvement agent agent and the registered Agent suprature required improvement agent agent agent and the registered Agent suprature required improvement agent age	City & Stat	e	City & State		// V40/301
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11 Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07(2)(i). Floride Statutes I further certify that the information	CITY-ST-ZIP			CITY-ST-ZIP	,1 m ²
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	11. hereby o	ertify that the information supplied	with this filing does not qualify for	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the informatio

SIGNATURE: SIGNATURE BEQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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