## **2001 UNIFORM BUSINESS REPORT (UBR)**

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Principal Pla	ice of Business	Mailing Address			01 APR 16	PM 7: !	58	
			•		SECRETARY C TALLAHASSEE	)F STAT , FLORI	E D <b>A</b>	
	Place of Business <u>O Emerald Coast Pkw</u> t. #, etc.	3. Mailing Address  112 Sheffie  Suite, Apt. #, etc.	ld Loop		DO NOT WRITE	IN THIS SP	ACE	
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	6. Name and Address of Current I	Registered Agent	Nama	7. Nam	e and Address of New Reg	istered Ag	ent	
- ርተ	Corporation Sus	stem	Name					
Iao	O South Pine Is	land Road	Street Add	tress (P.O. Box N	lumber is Not Acceptable)			
Pla	ntation. 7L 33	3324	City			FL	Zip Cod	e
8 The above	e named entity submits this statement for	the purpose of changing its re-	agistered office or re	enistered anent	or both, in the State of Florid	ا. ــــــــــــــــــــــــــــــــــــ	_	
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SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signature	required when reinstati	ng)	DATE		
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