2001 UNIFORM BUSINESS REPORT/(UBR) Aug 14, 2001 8:00 am NO000000 1075-DOCUMENT# Secretary of State 08-14-2001 90012 031 \*\*\*\*70.00 Principal Place of Business Okando, H 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For #59.362.39 19 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired nana 32*809* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Kridge Swite B City Zip Code FL 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 SIGNATUREX Signature, typed or printer (NOTE: Registered Agent signature required when reinstating) FILE\*NOW: Election Campaign Financing Make Check Payable to \$5:00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (11/00) ☐ Delete TITLE Vitice Alkins ☐ Channe ☐ Addition HAN LAN NAME NAME 710 Citrus 101) W. OAKRINGE SINTEB STREET ADDRESS STREET ADDRESS **CR2E037** CITY-ST-ZIP Mando, Fl. 32805 De novel NAU CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME 6065. Tampa Ave STREET ADDRESS 800 Millaga S STREET ADDRESS CITY-ST-ZIP Altimonte Spury 91. CITY-ST-ZIP bands. H. 32804 TITLE ☐ Change ☐ Addition Basciaust Guldock . Moise NAME NAME STREET ADDRESS 6309 Johnings W. cakudge. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition Jean Robert Belatue Lownor NAME NAME B25Wateshington sta. STREET ADDRESS STREET ADDRESS 2145 Fairmount and CITY-ST-ZIP CITY-ST-7IP Change Delete TIN F MONIQUE J. Bluse Addition NAME NAME 3707 St. Orlando Pkuy 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP alanda, Fr. 32808 CITY-ST-ZIP TITLE . Delete TITLE ☐ Change Addition Jean Widmayer NAME NAME 940 N Ane Hills STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP alando. <u>32808</u> 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR