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2. Principal P 618 Suite, Apt.	PINE HI/I. RI , etc.) 63	ing Address 29 L H ite, Apt. #, etc.	uRelwood	<u>e</u>	NOT WRITE IN THIS	SPACE
City & State			y & State Llando	Fl-	4. FEI Number 59374	7395	Applied For Not Applicable
Zip 37	2808 Country Orange	Country	32818	Country Country	5. Certificate of Status	Desired X	\$8.75 Additional Fee Required
				Name	7. Name and Address	of Current Registere	d Agent
	DO_NOT	WRITI	E	Street Addr	ess (P.O.:Box:Number is:Not.)	Acceptable)	
	IN THIS S	SPACE		632	9 Laurelu	200d . Co	unt;
				City	rlando	FI	- Zip Code 328/8
	named entity submits this statemions of registered agent.	ent for the purp	ose of changing its	s registered office or reç	gistered agent, or both, in the	state of Florida. I am	familiar with, and accept
SIGNATURE .	MONTANEA Signature, typed or printed name of registered	U # B 4 agent and title if app	licable. (NOT	Mortane E: Registered Agent signature re	au t by aquired when reinstating	9 - DATE	6-03
SIGNATURE	Signature, typed or printed name of registered FEE IS \$61.25 Initial or Amended UBR	U & B 9 Tagent and title if a p	9. Election Car	Hortane E: Registered Agent signature re mpaign Financing Contribution.	\$5.00 May Be Added to Fees		6 - 03 k Payable to riment of State
SIGNATURE . 10. IIILE	Signature, typed or printed name of registered FEE IS \$61.25 Initial or Amended UBR	agent and title if app	9. Election Car Trust Fund 0	mpaign Financing Contribution.			k Payable to
10. TITLE NAME	FEE IS \$61.25 Initial or Amended UBR OFFICERS AN	ID DIRECTORS	9. Election Car Trust Fund (mpaign Financing Contribution.			k Payable to
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

9-6-03