

DOCUMENT # N08545

[illegible]

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SELVAGGIO, SANDRA
2616 WOODETTE #2
DUNEDIN, FL 34698

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IN THIS SPACE**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE	PD
NAME	SELVAGGIO, SANDRA
STREET ADDRESS	2616 WOODETTE DR #2
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	STD
NAME	BOWMAN, SHERI
STREET ADDRESS	2616 WOODETTE DR
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	D
NAME	CARONE, ADORIA
STREET ADDRESS	460 S PAULA DR # 301
CITY - ST - ZIP	DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/10/05-80022-002 61.25

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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)(f), 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 FLETC 2016-10-10-11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra DeBruyn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____