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A Name and Address of Current Registered Agent Address (PO Box Number is Not Acceptable) PALMER, RONALD G I1533 86 AVE. N SEMINOLE R. 33772 City FL Zip Code City State City FL Zip Code Zip City FL Zip Code Zip	Zip Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 A	ditional	
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The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Signature, typed or prefer have of registered agent and the restation. Signature, typed or prefer have of registered agent and the restation. Signature, typed or prefer have of registered agent and the restation. Signature, typed or prefer have of registered agent and the restation. The colligations of registered agent and the restation. Signature, typed or prefer have of registered agent and the restation. The colligations of registered agent and the restation. The colligation of registered agent agent and the restation. The colligation of registered agent agent and the restation of the preference of registered agent. The colligation of registered agent a	SEMINOLE FL 33772							
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E D Delete ITTLE Change Addit PETERSON, ANN STREET ADDRESS 5232 72ND WAY N STREET ADDRESS -ST-ZIP SAINT PETERSBURG FL 33709 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 is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided for the exemption stated for the exemption stated for the exemption state of the exemption is further exemption if the exemption is further exemption if the exemption is further exempti	E VT HAUGE, MAUREEN EET ADDRESS 540 BOCA CIEGA POINT BLVD S	Delete	TITLE NAME STREET ADDRESS			Change	Addition	
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 end of the section 119.07(3)(i).	E D ME PETERSON, ANN EET ADDRESS 5232 72ND WAY N	Delete	TITLE NAME STREET ADDRESS			🔲 Change	Addition	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	I hereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation or the receiver or trustee emony	ue and accurate and that m	the exemption stated in					