

FILED
Apr 14, 2003 8:00 am
Secretary of State

DOCUMENT # N51397

Mailing Address
P.O. BOX 1009
WEST PALM BEACH, FL 33402

3. Mailing Address

Sube, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____

6. 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. I am familiar with, and accept the obligations of registered agent.

DATE _____

Make Check Payable to:
Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	☒ Change	☐ Addition
NAME	Lee, Maude Ford		
STREET ADDRESS	602 Clear Lake Ave		
CITY-STATE-ZIP	West Palm Bch., FL 33401		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
---	---

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V D	☐ Change	☒ Addition
NAME	Daniels, Rosa		
STREET ADDRESS	1610 W. 12th Court		
CITY-ST-ZIP	Riviera Beach, FL 33404		

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

SIGNATURE:

Lia T. Gaines

04/09/03 561-686-0064