

FILED
Apr 18, 2007 8:00 am
Secretary of State

DOCUMENT # N95000002182



Mailing Address
3011 164TH PLACE NORTH
CLEARWATER, FL 33760 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3314522

Applied For
Not Applicable

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

City

FL

Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 Delete

☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

attachment with an address, with all other like empowered.

Therese Fisher Schulte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

~~(727) 523-7232 April 12, 2007~~

Date _____

Daytime Phone #

Miriam Fisher Schultz