2000 UNIFORM BUSINESS REPORT (UBR)

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| STEPHANY, S. J. 18115 DEMIKO ROAD ALTOONA FL. 32702 Sireak Address (P.O. Sow 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. SIGNATURE Signature, hopeologic prices name of registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Address for Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 COPELAND, MARIA P 1310 NORTH SHORE DRIVE CITY-ST-2P LESSURIS FL. 34749 TILE NAME STEPHANY, S-J SIREH AUDISS CITY-ST-2P ALTOONA FL. 32702 Delete TILE Delete TILE Delete TILE ONA STEPHANY, S-J SIREH AUDISS CITY-ST-2P ALTOONA FL. 32702 Delete TILE ONA STEPHANY, S-J SIREH AUDISS CITY-ST-2P TILE NAME STEPHANY, S-J SIREH AUDISS CITY-ST-2P CITY-ST-2P CITY-ST-2P TILE NAME STEPHANY, S-J SIREH AUDISS CITY-ST-2P CITY-ST-2P TILE NAME STEPHANY, S-J SIREH AUDISS CITY-ST-2P CITY-ST-2P CITY-ST-2P TILE CITY-ST-2P CITY-ST-2P TILE CITY-ST-2P CITY-ST-2P TILE CITY-ST-2P TILE CITY-ST-2P TILE CITY-ST-2P TILE CITY-ST-2P TILE CITY-ST-2P TILE C | Zip | Country Zip | | Country | | 5. Certificate | | \$8.75 Add | ditional | |
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| 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. SIGNATURE Signature, hipped or protect name of registered agent on the it applicable. NOTE Registered Agent agent are required when reinstalling) DATE | | | | | | | | | | |
| 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. Signature | ALTOONA | FL 32702 | | } | City | | | Zip Cod | <u>—</u> — | |
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indicated on this report or supplemental epoint 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 it 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 Electronic changed, or on an attachment with an address, with all other like empowered. SIGNATURE: