2001	UNIFORM BUSI	NESS REF	PORT	(UBR)		FI	LED			
DOCUMENT # N 9900000 72 98				þ	S	May 21, 2001 8:00 am Secretary of State				
Faith	And Malinara	100 0 E. 11C	***	106.00	<u>,</u>	03-21-2001 9	03/4 016	01.2.	,	
Principal Place	And Deliveral of Business of Ave So ERSBURG FL	Mailing Address	05 JV 4 3194-	19 IHAVE	5 0					ļ
1836-20	OBAVESO		T PEI	FRBUR	*					
	ERSBURG FL	رس امیر	.,33	712		Door				
337/2			.,) 0	,,,,		0002	5883			
2. Principal Place of Business 1836-20 AVE SO		3. Mailing Address 3124-19 AVE SO			j .					
Suite, Apt. #		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe			TAC	plied For	ا ر
ST. PETERBURG FL -		ST-PETERSBUR		6				→	t Applicable] !
Zip マ スク/ク	Country DINEILAS	Zip 		INTRY VELLAS	5. Certificate	of Status Desired		8.75 Add e Require		
72118	PINELLAS 6. Name and Address of Current F R: ROBERT CO.	Registered Agent			7. Name and	Address of New]
PASTO.	K! KOBEKT CO.	LEMAN		Name]
3124-1	19 AVE SO	22412		Street Address	P.O. Box Numbe	r is Not Acceptabl	e)			
ST, PET	ERSBURG FL.	33112								
				City			FL	Zip Code	9] }
8. The above n	armed entity submits this statement for	the purpose of changing	g its registere	ed office or register	red agent, or both	n, in the state of Fl	orida.			1
						•				
SIGNATURE _	Ignature, typed or printed name of registered agent a	and Abbert and Market	NOTE PRODUCTION	d Agent signature required	I refeatetion		DATE			}
	agratione, types or printed marrie of registered agent a	по поет аррисаме.	INOTE, Hagisteret	a Adeur signature reduier	y when remistating)	<u> </u>		1		{
	FILE NOW:	9. Election Camp.		· _ •	0 May Be		e Check Pa		•	
	FEE IS \$61.25	Trust Fund Con	tribution.	Adde	to Fees	De	partment o	f State		
10.	OFFICERS AND DIR		11.	70 1)		ANGES TO OFFICE				<u></u>
	CHAIRMAN BILLY CORBELT	Delete	TITLE NAME	DAT	ATRIVIAI RICIA A	COLEMA	<i>w</i> [Change	Addition	CR2E037 (11/00)
STREET ADDRESS	165 PARKBIND	, 	STREE	ET ADDRESS 3/2	1-19 IF A	VE SO. BURG 3				37 (1
CITY-ST-ZIP	INELLAS PARKEL	DECEAS			ETERS	BURG 3		7.0		75E0
NAME I	VICE-CHAIRNIAN TONVSTUS BART	OIV S.R. Delete	TITLE				Ĺ	Change	☐ Addition	٠ ک
STREET ADDRESS 2	STONYSIUS BART			ET ADDRESS						
TITLE TOTAL	TPETERSBURG FL TOENSURER	337/2	TITLE	-ST-ZIP				Change	Addition	∤ ∦
NAME /	AMELA JACKSON	. Delete	NAME				L	_ Change	L. Addition	
STREET ADDRESS	PAMELA JACKSON 1124-19 EAVE SO. 1. PETERS BURG F	7 33810		ET ADDRESS -ST-ZIP						
THILE	II.PEIEKSBURG F		TITLE					Change	Addition	
NAME		-	NAME							
STREET ADDRESS CITY-ST-ZIP	•			ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete	TITLE	l				Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby cer indicated on	tify that the information supplied with to	his filing does not qualify	for the exen	nption stated in Se	ction 119.07(3)(i)	I, Florida Statutes.	i further certify	that the in	formation or director	
of the corpo changed, or	n this report or supplemental report is ration or the receiver or trustee empoy on an attachment with an address, w	vered to execute this rep th all other like empower	ort as fequire ed.	ed by Chapter 617	, Florida Statutes	and that my nam	e appears in B	lock 10 or	Block 11 if	
SIGNATU	DE. Proton OR	stert /	/slor	Non/	05	12 171	127	323	3/84	
SIGNAIU	SIGNATURE AND TYPED OR PR	NOSO NAME OF SIGNING OFFICE	ER OR DIRECTO	OR OR		Date	Daytir	ne Phone #		