Notice Mailing Address 82 GERA CENTER DR P.O. DX 677 TALAMASSEE FL 3201-6477 P.O. DX 677 TALAMASSEE FL 3201-6477 P.O. DX 677 Principal Place of Businoss 3. Mailing Address Safe, Apl. 4. etc. Sule, Apl. 4. etc. Co. A Statis Clark 4. etc. Co. Country Zip Co. Country Zip Co. Country Zip Co. Name and Address of Current Registered Agent NORDELL-SMITH, KAREN R22 CEAR CENTER DR. Columnation Columnation<	FLORIDA SOCIETY OF CERTIFIED MO S, INC.			Feb Se	FILED 19, 2002 8: cretary of S -19-2002 90018 016 ****	00 am tate	
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Z/p Country Z/p Country 5. Certificate of Status Desired 95.75 Astional Fee Required .e., Name and Address of Current Registered Agent 7. Name and Address of Dev Registered Agent .e., Name and Address of Current Registered Agent 7. Name and Address of Dev Registered Agent .vsz Stroat Address (P.O. Box Number is Not Acceptable) .vsz City FL Z/p Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Forida. ONTE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Tots Fund Controlution: Address (P.O. Box Num Be Address (P.O. Box Num Be Number is Not Acceptable) Make Check Paysble to Department of State 0 OFFICERS AND DIRECTORS 11. Address BND 4/ LA PAGEN PART PARAMERS BND 4/ LA PAGEN PARAMERS BND 4/ LA PART PARAMERS BND 4/ LA PARAMERT PARAMERS BND 4/ LA PART PARAMERS BND 4/ LA	City & State	City & State		4. FEI Number 59-	3616964		
Name Stroot Address (P.O. Box Number is Not Acceptable) V222 CEDAR CENTER DR. AnJLANASSEE FL 32301 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. City FL Zip Code GNATURE	Zip Country	Zip	Country		us Desired V \$8.75	Additional	
NORDELL-SMITH, KAREN 1222 CEDAR CENTER DR. FALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florda. Other State agent, or both, in the state of Florda. GNATURE	6. Name and Address of Current	Registered Agent					
The above nerved entity submits this statement for the purpose of changing its registered diffee or registered agent, or both, in the state of Florida. The above nerved entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. GNATURE The above nerved registered spectrand like # applicable PADTE Hopdevid agent and like # applicable PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent, or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent, or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent, or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent, or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of changing its registered agent. or both, in the state of Florida. PADTE Hopdevid Agent algorithm for the purpose of change agent. PADTE Hopdevid Agent algorithm for the purpose of change agent. PADTE Hopdevid Agent algorithm for the purpose of change agent. PADTE Hopdevid Agent algorithm for the purpose of change agent. PADTE Hopdevid Agent algorithm for the purpose of change agent algorithm for the purpose of change							
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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	Signature, typed or printed name of registered agent i FILE NOW: FEE IS \$61.25 OFFICERS AND DIF LE D ME TOMKO, STEVE 1292 CEDAR CENTER DR. Y-ST-ZIP TALLAHASSEE FL 32301 LE D ME SPEARMAN, MARY 1292 CEDAR CENTER DR. Y-ST-ZIP TALLAHASSEE FL 32301 LE D WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DR. Y-ST-ZIP TALLAHASSEE FL 32301 LE D WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DR. Y-ST-ZIP TALLAHASSEE FL 32301 LE ME KEET ADDRESS Y-ST-ZIP LE ME	9. Election Ca Trust Fund RECTORS Delete	Ampaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES SIDNEY WEIG TOAT-BROM PLANTATION KATHY LOUD 8651 PEBO JACKSONVILLE DS/T	Make Check Payal Department of S TO OFFICERS AND DIRECTOR WER Char WARS BIND 4/69 F1.333/7 E CREEK LANS F1.32356 Char Char	tate	